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MARGIN RESERVED FOR BINDING
N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County **MARICOPA** State **ARIZONA**
 Township _____ or Village _____
 City **MESA** No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

Length of residence in city or town where death occurred **3** yrs. **8** mos. **7** ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME **NATHANIAL OWENS MERRILL**
 (a) Residence: No. **MESA ARIZONA** St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city, county and State)

IN ARIZ. 3 YRS. 8 Mt

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) SINGLE			21. DATE OF DEATH (month, day, and year) JUNE 29, 1934	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw him <u>not seen alive</u> on _____, 19____; death is said to have occurred on the date stated above, at 5 P.M. The principal cause of death and related causes of importance were as follows: <u>Drowning</u> Date of Onset 6-29-34
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____						
6. DATE OF BIRTH (month, day, and year) OCT 22, 1931						
7. AGE Years 3 Months 8 Days 7 If LESS than 1 day, _____ hrs. or _____ min.						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year) _____						
11. Total time (years) spent in this occupation _____						
12. BIRTHPLACE (city or town) MESA (State or country) ARIZONA						
13. NAME IRA L. MERRILL						
14. BIRTHPLACE (city or town) SMITHSFIELD (State or country) UTAH						
15. MAIDEN NAME VIOLA OWENS						
16. BIRTHPLACE (city or town) MESA (State or country) ARIZONA						
17. INFORMANT IRA L. MERRILL (Address) MESA ARIZONA						
18. BURIAL, CREMATION, OR REMOVAL Place MESA ARIZ. Date 7/1/34 19____						
19. UNDERTAKER MELDRUM MORTUARY (Address) MESA ARIZONA						
20. Filed JULY 3, 1934 <i>C. A. Donaldson</i> Registrar. (Address) _____						
					Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>6-29-34</u> Where did injury occur? <u>MESA ARIZ.</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u>Public place</u> Manner of injury <u>Fall in Ditch.</u> Nature of injury <u>Drowning</u> 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>[Signature]</u> M. D. (Address) <u>Mesa Ariz.</u>	