

1188

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, 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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH Maricopa County ARIZONA State File No. 198
 Township Mesa City Mesa or Village Mesa Registered No. 110
 No. S.S. Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street number) Ward _____
 Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. if of foreign birth? 36 yrs. 3 mos. 3 ds.
 2. FULL NAME Leatha Steen Lewis Scarborough How long in State when death occurred 36 yrs. 3 mos. 3 ds.
 (a) Residence: No. Globe Arizona St. _____ Ward _____ (If not residence, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) M

5a. If married, widowed, or divorced Widowed of Arthur B. Scarborough (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) April 9 1871
 7. AGE Years 63 Months 4 Days 14 If LESS than 1 day, hrs. _____ or min. _____
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) July 1934 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) (State or country) Clayton Co. Alabama
 13. NAME Steen
 14. BIRTHPLACE (city or town) (State or country) Mesa
 15. MAIDEN NAME unk
 16. BIRTHPLACE (city or town) (State or country) unk
 17. INFORMANT Husband (Address) Globe Ariz
 18. BURIAL, CREMATION, OR REMOVAL Place Globe Ariz Date 8-23 1934
 19. UNDERTAKER Fred Jones (Address) Mesa
 20. Filed 8-23 1934 C.A. Donaldson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-23 1934
 22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1934 to Aug 23 1934
 I last saw her alive on Aug 20 1934; death is said to have occurred on the date stated above, at 6:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Glomerulonephritis Date of Onset Oct 1931
 Other contributory causes of importance: Chronic Myocarditis
 Name of operation _____ 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? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Geo. L. Truman M. D.
 (Address) Mesa Ariz