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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
 County MARICOPA State ARIZONA State File No. 217
 Township _____ or Village _____ Registered No. _____
 City MESA No. _____ or
 (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 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 6.5 yrs. 0 mos. 0 ds.
 How long in state when death occurred? 13 yrs. 0 mos. 0 ds.

2. FULL NAME MARY ANN MEMMOTT
 (a) Residence: No. MESA ARIZONA St., _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) WIDOWED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of (DECEASED) JAMES W. MEMMOTT

6. DATE OF BIRTH (month, day, and year) JULY 17, 1864

7. AGE Years 70 Months 5 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

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) LEICESTER
 (state or country) ENGLAND

13. NAME JOHN F. MILLOR

14. BIRTHPLACE (city or town) ENGLAND
 (State or country)

15. MAIDEN NAME RACHEL WARD

16. BIRTHPLACE (city or town) ENGLAND
 (State or country)

17. INFORMANT MRS. W. D. SCHULT
 (Address) MESA ARIZONA

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place MESA ARIZONA Date 1/19/1935

19. UNDERTAKER MELDRUM MORTUARY
 (Address) MESA ARIZONA

20. Filed Jan 18 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/15/35, 19
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

22. I last saw him Not seen alive or Not seen alive death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
arteriosclerotic degeneration
 Date of Onset 15 yrs.
6 mos.

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. 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?
 If so, specify _____ M. D.
 (Signed) C. A. Donaldson
 (Address) Asst. Co. Phys.

544 2-8-33 MS-4771 Back of Certificate to be used for any additional information