9459

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. See instructions on back of certificate.

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

State File No. 252

Registered No. 24

1. PLACE OF DEATH

County MARICOPA State ARIZONA or

Township or Village St., Ward

City MESA No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOYCE MARIE RYAN

(a) Residence: No. MESA ARIZONA St., Ward (If nonresident give city or town and State)

(Usual place of abode)

2010

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/30/35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	19	

OCCUPATION

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

FATHER

13. NAME BOB RYAN

14. BIRTHPLACE (city or town) SCOTT CO. (State or country) TEXAS

MOTHER

15. MAIDEN NAME AMANDA SUGGS

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

17. INFORMANT BOB RYAN (Address) MESA ARIZONA

18. BURIAL, CREMATION, OR REMOVAL Place MESA ARIZONA Date 2/18/ 1935

19. UNDERTAKER MELDRUM MORTUARY (Address) MESA ARIZONA

20. Filed Feb 20 1935 C A Donaldson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/18/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...; Did not attend

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at 5.30 m. A. M.

The principal cause of death and related causes of importance were as follows:

Unknown

Normal Delivery by Dr Donaldson

Date of Onset

Other contributory causes of importance:

none

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? ...

If so, specify ... F. J. Scherr, M. D.

(Signed) ...

(Address) ...