2245

Dr. Drane

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

State File No. 187 1856

State ARIZONA Registered No.

1. PLACE OF DEATH

County Maricopa or Village or

Township No. 1522 West Adams St. Ward

City Phoenix (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 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

How long in State when death occurred? 28 yrs. mos. ds.

2. FULL NAME Susan Grace

(a) Residence: No. Phoenix, Ariz ona St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. C. Grace

6. DATE OF BIRTH (month, day, and year): May 18, 1854

7. AGE: Years 81 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

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) (state or country): Missouri

FATHER

13. NAME: Jessie Cotton

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Rebecca Ryan

16. BIRTHPLACE (city or town) (State or country): Ky.

17. INFORMANT (Address): Mrs. W. C. Hobson, Phoenix, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place: Mesa, Arizona Date: 9-16-, 1935

19. UNDERTAKER (Address): Meldrum Mortuary, Mesa, Arizona

20. Filed: Sept 23, 1935 Meri F. Osborn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Sept. 15, 19 3

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to Sept. 15, 1935; I last saw her alive on Sept. 15, 1935, 12:45 P. M.; death is said to have occurred on the date stated above, at m.

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

arterial sclerosis — Date of Onset: Unknown

Other contributory causes of importance:

Senility — Sev. yrs.

Name of operation: None Date of:

What test confirmed diagnosis? Clinical there an autopsy? No

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) L. E. Drane M. D.

(Address) Phoenix, Arizona

Back of Certificate to be used for any Additional Information

10M—3-21-33 MS-50301—FORM 3 FLM