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Dr. Kent  
Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Maricopa State ARIZONA  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Mesa No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 43 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Eva Almira Kleinman  
 How long in State when death occurred? 43 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. Mesa, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH									
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Nov. 25, 1935</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>7-1-35</u> , 19____, to <u>11-25-35</u> , 19____ I last saw her alive on <u>11-23-35</u> , 19____; death is said to have occurred on the date stated above, at <u>2 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Ca. of stomach about</u> Date of Onset <u>1-1-34</u>								
5a. If married, widowed, or divorced HUSBAND of <u>David Franklin Kleinman</u> (or) WIFE of _____				Other contributory causes of importance:									
6. DATE OF BIRTH (month, day, and year) <u>Sept. 29, 1874</u>													
7. AGE <table border="1"> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>If LESS than 1 day, _____ hrs. or _____ min.</th> </tr> <tr> <td><u>61</u></td> <td><u>1</u></td> <td><u>26</u></td> <td></td> </tr> </table>				Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	<u>61</u>	<u>1</u>	<u>26</u>			
Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.										
<u>61</u>	<u>1</u>	<u>26</u>											
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>													
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>													
10. Date deceased last worked at this occupation (month and year) _____				11. Total time (year) spent in this occupation _____									
12. BIRTHPLACE (city or town) _____ (state or country) <u>Central Utah</u>													
13. NAME <u>Ezra T. Rappley</u>				Name of operation _____ Date of _____									
14. BIRTHPLACE (city or town) _____ (State or country) <u>Ohio</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____									
15. MAIDEN NAME <u>Jane Black</u>				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)									
16. BIRTHPLACE (city or town) _____ (State or country) <u>New York</u>				Specify whether injury occurred in industry, in home, or in public place.									
17. INFORMANT <u>O. C. Kleinman</u> (Address) <u>Mesa, Arizona</u>				Manner of injury _____ Nature of injury _____									
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa, Arizona</u> Date <u>11-29-</u> 19 <u>35</u>				24. Was disease or injury in any way related to occupation of deceased? _____									
19. UNDERTAKER <u>Mel drum Mortuary</u> (Address) <u>Mesa, Arizona</u>				If so, specify _____									
20. Filed <u>11-30-35</u> _____ Registrar (Address) _____				M. D. _____									

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.