4265

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. 179

State ARIZONA Registered No. 4

1. PLACE OF DEATH

County Maricopa or Village ..... St. ..... Ward .....

Township ..... No. South Side Hospital

City Mesa (If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in State when death occurred 59 yrs. ..... mos. ..... ds.

2. FULL NAME Alzada Sophia Palmer

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

Mesa, Arizona (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1858

7. AGE: Years 78 | Months 0 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. At home

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) Mohave Calif.

FATHER

13. NAME William D. Kartchner

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

MOTHER

15. MAIDEN NAME Margaret Casteel

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

17. INFORMANT A. J. Palmer (Address) Mesa, Arizona

18 BURIAL, CREMATION, OR REMOVAL

Place Mesa, Arizona Date 1-11-36 19.....

19. UNDERTAKER Meldrum Mortuary (Address) Mesa, Arizona

20. Filed 1-13-36 19..... J. Fletcher M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936 to Jan 8, 1936

I last saw h[illegible] alive on Jan 8, 1936; death is said to have occurred on the date stated above, at 11:15 A. M.

The principal cause of death and related causes of immediate were as follows: Lobar Pneumonia (3) Date of Onset 1-6-36

Other contributory causes of importance: Fractured ribs left side, and injuries Received in Auto accident

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Auto Date of injury Dec 28 1935

Where did injury occur? Public Highway (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Broken ribs on left side.

Nature of injury Automobile accident.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ..... (Signed) J. Fletcher, M. D.

(Address) Mesa

Back of Certificate to be used for any Additional Information

10M—3-21-33 MS-50301—FORM 3