2592

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. 248

State ARIZONA Registered No. 59

1. PLACE OF DEATH

County Maricopa or Village St., Ward

Township No.

City Mesa (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. 12 Hr How long in U. S. if of foreign birth? yrs. mos. ds.

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

2. FULL NAME Dolores Merrill

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

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male ~~Female~~

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (month, day, and year) Mar. 18, 1936

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

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 Ira L. Merrill

14. BIRTHPLACE (city or town) Smithfield (State or country) Utah

MOTHER

15. MAIDEN NAME Viola Owens

16. BIRTHPLACE (city or town) Mesa (State or country) Arizona

17. INFORMANT Ira L. Merrill (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Mesa, Arizona Date 3-18-36, 19

19. UNDERTAKER Father: Ira L. Merrill (Address) Mesa, Arizona

20. Filed 3-18-36, 19 P. J. Schenk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19; I last saw h alive on , 19; death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows: Malformed. Died at Birth. Monstrosity

Date of Onset 3-17-36

Other contributory causes of importance:

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

(Signed) William Mean, M. D.

(Address)

Back of Certificate to be used for any Additional Information

10M—3-21-33 MS-50301—FORM 3