

1086

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.

Dr. Sharp
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 113
REGISTERED NO. 149

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Mesa NO. Southern Hospital ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 18 YRS. 3 MOS. 0 DRS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DRS.
2. FULL NAME Pearl Baldwin HOW LONG IN STATE WHEN DEATH OCCURRED 18 YRS. 3 MOS. 0 DRS.
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1919

7. AGE	YEARS <u>18</u>	MONTHS <u>3</u>	DAYS <u>5</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
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8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Beauty Operator

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 COUNTY) Taylor Arizona

13. NAME Willie E. Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Buddy Nev.

15. MAIDEN NAME Lula Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Lima New Mexico

17. INFORMANT Wm. E. Baldwin (ADDRESS) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE 11-5- 1936

19. EMBALMER (LICENSE NO. 179-A) SIGNATURE Jess Baldwin
FUNERAL DIRECTOR Belknap Mortuary ADDRESS Mesa, Arizona

20. FILED Nov. 9, 1936 REGISTRAR (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3- 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 10-31- 1936 TO 11-3- 1936
I LAST SAW her ALIVE ON 11-3- 1936; 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: Endocarditis

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Gallbladder Rheumatism - nephritis Sept '36

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? no
IF SO, SPECIFY _____ (SIGNED) W. Sharp M. D. (ADDRESS) Mesa, Arizona

1936-11-22-34-REP-GAZ PRINTERY-FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION