

1798

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

1. PLACE OF DEATH  
 County MARICOPA State ARIZONA State File No. 259  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 177  
 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 \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME NINA M. PORTER How long in State when death occurred 56 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. JOSEPH CITY ARIZ. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)

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 \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) NOV 25, 1861

7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 -20- 30

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) RICHVILLE UTAH

MOTHER FATHER

13. NAME GEORGE LEAVETT

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

15. MAIDEN NAME SARAH A. PORTER

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

17. INFORMANT E. E. PORTER (Address) JOSEPH CITY ARIZ.

18. BURIAL, CREMATION, OR REMOVAL  
 Place JOSEPH CITY ARIZ. Date 12/17/36

19. UNDERTAKER MELDRUM MORTUARY (Address) MESA ARIZ.

20. Filed 12/16/1936 Registrar [Signature] (Address) \_\_\_\_\_

21. DATE OF DEATH (month, day, and year) 12/15/36, 19  
 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 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Over.  
 Date of Onset \_\_\_\_\_  
 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) [Signature] M. D.  
 (Address) \_\_\_\_\_