

922

Dr. Holt

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 100
REGISTERED NO. 32

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA
TOWNSHIP _____ OR VILLAGE _____
CITY Central Heights NO. Route #1 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 15 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Nancy Ellen Mardis HOW LONG IN STATE WHEN DEATH OCCURRED 15 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. Route #1, Central Heights 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. C. E. Mardis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
	<u>35</u>	<u>10</u>	<u>18</u>	

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, BAKERY, 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) Seneca, Mo.

FATHER

13. NAME John Leader

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Penn.

MOTHER

15. MAIDEN NAME Emily Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ill.

17. INFORMANT Mr. C. E. Mardis
(ADDRESS) Route #1, Central Heights

18. BURIAL PLACE Globe Cemetery DATE Mar. 24, 1937

19. EMBALMER LICENSE NO. 18-A SIGNATURE [Signature]
FUNERAL DIRECTOR LICENSE NO. 10-A SIGNATURE [Signature]
ADDRESS Globe, Arizona

20. FILED Mar 27, 1937 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM March 2nd, 1937, to March 23rd, 1937
I LAST SAW H. OR ALIVE ON March 22nd, 1937, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:47 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Facial Erysipelas March 1st 1937

Septic Meningitis March 19th

NAME OF OPERATION None DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms WAS THERE AN AUTOPSY? No

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) [Signature] M. D.
(ADDRESS) Globe, Ariz

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.