

1682

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. Kent
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. **205**
Registered No. **80**

1. PLACE OF DEATH
County Maricopa State ARIZONA
Towaship _____ or Village _____
City Mesa No. Southside Hospital 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 1 yrs. 0 mos. 0 ds. How long in U.S. of foreign birth? _____ yrs. _____ mos. _____ ds.
How long in state where death occurred? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Edith Smith Done
(a) Residence: No. Mesa, Arizona St. _____ Ward _____
(Usual place of abode) (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>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>R. P. Done</u>				
6. DATE OF BIRTH (month, day, and year) <u>March 30, 1895</u>				
7. AGE Years: <u>42</u> Months: <u>0</u> Days: <u>14</u> If LESS than 1 day, _____ hrs. or _____ min.				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>Colonia Pacheco</u> (State or Country) <u>Chich. Mexico</u>				
MOTHER	13. NAME <u>Jesse N. Smith Jr.</u>			
	14. BIRTHPLACE (city or town) <u>Parowan</u> (State or Country) <u>Utah</u>			
FATHER	15. MAIDEN NAME <u>Nancy Freeman</u>			
	16. BIRTHPLACE (city or town) <u>St. George</u> (State or Country) <u>Utah</u>			
17. INFORMANT <u>R. P. Done Done</u> (Address) <u>Mesa, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa, Arizona</u> Date <u>4-18-37</u>				
19. EMBALMER License No. <u>178-A</u> Signature <u>Jess Meldrum</u> FUNERAL DIRECTOR <u>Meldrum Mortuary</u> Address <u>Mesa, Arizona</u>				
20. Filed <u>Apr 21</u> , 19 <u>37</u> Registrar <u>J. Scherwath</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4-12-37 1937, to 4-13-37, 1937.
I last saw h&T alive on 4-13-, 1937; death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of Onset 4-12-37

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) W. J. ... M. D.
(Address) _____