2383

Dr. Hartman

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 269

Registered No. 97

1. PLACE OF DEATH

County Maricopa State ARIZONA

Township ..... or Village .....

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 55 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

How long in State when death occurred? 55 yrs. ..... mos. ..... ds.

2. FULL NAME Permelia Horne

(a) Residence: No. Mesa, Arizona 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): Married

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

6. DATE OF BIRTH (month, day, and year) Jan 12, 1869

7. AGE: Years 68 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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, bank, etc. Own Home

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) Tokerville Utah

FATHER

13. NAME William Hill

14. BIRTHPLACE (city or town) (State or Country) Glascow Scotland

MOTHER

15. MAIDEN NAME Emma Meacham

16. BIRTHPLACE (city or town) (State or Country) Missouri

17. INFORMANT James M. Horne (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Mesa, Arizona Date 5-23-37, 19

19. EMBALMER License No. 178-A Signature Jess Meldrum

FUNERAL DIRECTOR Meldrum Mortuary

Address Mesa, Arizona

20. Filed May 25, 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-20-37, 19

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937 to May 20, 1937

I last saw him alive on May 18, 1937, death is said to have occurred on the date stated above, at 5:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Lobar Pneumonia	2/14/37
Other contributory causes of importance: Lung Abscess	2/27/37
Senility	

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) Mesa, Ariz.

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information

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.