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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Maricopa State ARIZONA State File No. 346
Township _____ or Village _____ Registered No. 919
City Phoenix No. 1607 W. Monroe St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Grace Shea How long in _____ if of foreign birth? _____ yrs. _____ mos. _____ ds.
(a) Residence: No. 1607 W. Monroe St. _____ Ward _____ How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
(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) April 17, 1870

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
67 1 12

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) Red Roof, Cornwall, (State or Country) England

13. NAME Williams

14. BIRTHPLACE (city or town) England (State or Country) _____

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) England (State or Country) _____

17. INFORMANT Mrs. W. Redlin (Address) 1607 W. Monroe

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Date 6/1, 1937

19. EMBALMER License No. 106 Signature Tom [unclear]
FUNERAL DIRECTOR Mortensen Mortuary
Address 1920 West Washington

20. Filed 6/3, 1937 New F. Osborn Registrar (Address) Phoenix, Arizona

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937, to May 29, 1937.
I last saw her alive on May 29, 1937; death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:
Uræmia Date of Onset May 24/37

Other contributory causes of importance:
Chronic nephritis Several months

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) Phoenix, Arizona