

2036

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

STATE FILE NO. **80**

**1. PLACE OF DEATH**  
COUNTY Gila STATE ARIZONA REGISTERED NO. \_\_\_\_\_  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Globe NO. 462 East Cedar 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 32 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
**2. FULL NAME** Mae E. Mayer HOW LONG IN STATE WHEN DEATH OCCURRED? 54 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. 462 East Cedar ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <b>Married</b>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 16, 1937</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe E. Mayer</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Oct. 10</u> , 19 <u>36</u> , TO <u>June 16</u> , 19 <u>37</u> I LAST SAW HER ALIVE ON <u>June 16, 1937</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11.40 a.m.</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16, 1880</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN. <u>57</u> <u>3</u>				DATE OF ONSET <u>about 1930</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Chronic Nephritis</u> <u>about 1930</u>	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				NAME OF OPERATION <u>None</u> DATE OF _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____				WHAT TEST CONFIRMED DIAGNOSIS? <u>Examination</u> WAS THERE AN AUTOPSY? <u>no</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Denver Colorado</u>				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 _____	
13. NAME <u>George Ennis</u>				MANNER OF INJURY _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Canada</u>				NATURE OF INJURY _____	
15. MAIDEN NAME <u>Cordelia McCoy</u>				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ireland</u>				IF SO, SPECIFY _____	
17. INFORMANT (ADDRESS) <u>Joe E. Mayer Globe Arizona</u>				(SIGNED) <u>T. C. Harper</u> M. D. (ADDRESS) <u>Globe, Arizona</u>	
18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Globe, Ariz.</u> DATE <u>June 18, 1937</u>				20. FILED <u>June 29, 1937</u> REGISTRAR	
19. EMBALMER (ADDRESS) _____ FUNERAL DIRECTOR License # <u>10A</u> _____ ADDRESS _____					