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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. Sharp
Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township Mesa or Village _____
City Mesa No. Southside Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME, street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U.S. if of foreign birth _____ yrs. _____ mos. _____ ds.
2. FULL NAME Estelle Worthington How long in State when death occurred 40 yrs. _____ mos. _____ ds.
(a) Residence: No. Lakeside, Arizona St. _____ Ward _____ non-resident at given 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 Clarence Van Worthington (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Jan. 21, 1879

7. AGE Years 59 Months 1 Days 4 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. athome
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER
12. BIRTHPLACE (city or town) Parowan (State or Country) Utah

FATHER
13. NAME William Duke
14. BIRTHPLACE (city or town) Unknown (State or Country) _____
15. MAIDEN NAME Sarah Root
16. BIRTHPLACE (city or town) San Barandeno (State or Country) Calif.

17. INFORMANT Van Worthington (Address) Lakeside, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Mesa, Arizona Date 2-26-38

19. EMBALMER { License No. 228 Signature R. N. Daybell
FUNERAL DIRECTOR Meldrum Mortuary Address Mesa, Arizona

20. Filed Mar 14, 1938 Registrar _____ (Address) _____

MEDICAL CERTIFICATE OF DEATH 1070

21. DATE OF DEATH (month, day, and year) Feb. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-18-38, 1938, to 2-25-38, 1938
I last saw h. alive on 2-25-38, 1938; death is said to have occurred on the date stated above, at 8:30 P.

The principal cause of death and related causes of importance were as follows:
broncho-pneumonia Date of Onset 2-22-38
acute nephritis 2-23-38

Other contributory causes of importance: _____

Name of operation Hysterectomy Date of 2-21-38
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. Sharp M. D.
(Address) Mesa, Ariz.