

MARGIN RESERVED FOR BINDING
Every item of PERMANENT RECORD. PHYSICIANS
WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS
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. _____

1. PLACE OF DEATH, _____ State ARIZONA Registered No. _____
County Mesa or Village _____ St. _____ Ward _____
Township _____ No. 915 Merrill (If death occurred in a hospital or institution, give its NAME instead of street and number)
City Miami (If death occurred in a hospital or institution, give its NAME instead of street and number) yrs. mos. ds.
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth _____ yrs. mos. ds.
How long in State when death occurred 26 yrs. mos. ds.

2. FULL NAME Mary Elizabeth Messer St. _____ Ward _____ (If decedent give city or town and state)
(a) Residence: No. 915 Merrill (Usual place of abode)

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>
6a. If married, widowed, or divorced HUSBAND of <u>George Messer Jr.</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Oct. 15, 1912</u>		
7. AGE	Years <u>26</u>	Months <u>3</u>
	Days <u>3</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.	
	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) <u>Miami Ariz.</u>		
FATHER	13. NAME <u>James E. Owen</u>	
	14. BIRTHPLACE (city or town) (State or Country) <u>Bellingham W. Va.</u>	
MOTHER	15. MAIDEN NAME <u>Laulla T. Montroy</u>	
	16. BIRTHPLACE (city or town) (State or Country) <u>Nevada</u>	
17. INFORMANT (Address) <u>J. E. Owen Miami Ariz.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Final Cemetery</u> Date <u>1-20-37</u>		
19. EMBALMER (Address) License No. _____ Signature <u>W. H. McEllan</u>		
FUNERAL DIRECTOR Address <u>Miles Mortuary</u>		
20. Filed <u>Jan 20, 1937</u> _____ Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan. 18, 1937
I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw her alive on Jan 18, 1937; death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:
Advanced Pulmonary Tuberculosis.

Other contributory causes of importance:
Cavitation

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) D. Charles M. D.
(Address) Miami Ariz.

Back of Certificate to be used for any Additional Information

Form 3 100% Reg
5/16/35