

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.

MARGIN RESERVED FOR BINDING

**Arizona State Board of Health**  
 BUREAU OF VITAL STATISTICS

State File No. 266  
 Registered No. 19

Dr. Neff  
 STANDARD CERTIFICATE OF DEATH

**1. PLACE OF DEATH**  
 County Maricopa State ARIZONA  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Mesa 4 Miles West 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 24 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. \_\_\_\_\_ of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
**2. FULL NAME** Etta Matilda Huber How long in State when death occurred? 24 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. Mesa, Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS			
<b>3. SEX</b> Female	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)</b> Married	
<b>5a. If married, widowed, or divorced HUSBAND of (or) WIFE of</b> J. J. Huber			
<b>6. DATE OF BIRTH (month, day, and year)</b> Mar. 28, 1872			
<b>7. AGE</b>	Years 66	Months 10	Days 1 If LESS than 1 day, _____ hrs. or _____ min.
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> Housewife			
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> at home			
<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (city or town) (State or Country)</b> Payson Utah			
<b>13. NAME</b> Edward A. Huish			
<b>14. BIRTHPLACE (city or town) (State or Country)</b> England			
<b>15. MAIDEN NAME</b> Unknown			
<b>16. BIRTHPLACE (city or town) (State or Country)</b> Unknown			
<b>17. INFORMANT (Address)</b> J. J. Huber Mesa, Arizona			
<b>18. BURIAL, CREMATION, OR REMOVAL</b> Place <u>Mesa, Arizona</u> Date <u>2-2-39</u> 19 <u>39</u>			
<b>19. EMBALMER</b> License No. <u>228</u> Signature <u>R. H. Davbell</u> <b>FUNERAL DIRECTOR</b> <u>Heldrum Mortuary</u> Address _____			
<b>20. Filed</b> <u>2-8</u> 19 <u>39</u> Registrar <u>R. H. Davbell</u> (Address) <u>107 W. Main Mesa Ariz</u>			

**MEDICAL CERTIFICATE OF DEATH**  
**21. DATE OF DEATH (month, day, and year)** Jan. 29, 1939  
**22. I HEREBY CERTIFY That I attended deceased from**  
did not see alive  
 I last saw her alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 10:30 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of skull  
 Date of Onset \_\_\_\_\_  
 Other contributory causes of importance:  
fracture of pelvis and left thigh leg in many places  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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 1-29-39  
 Where did injury occur? Mi. 89 4 Mi. W. of Mesa  
 (Specify city or town, county and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
public place  
 Manner of injury Struck by passing auto.  
 Nature of injury Multiple fracture on entire body  
**24. Was disease or injury in any way related to occupation of deceased?**  
no  
 If so, specify \_\_\_\_\_  
 (Signed) R. H. Davbell M. D.  
 (Address) 107 W. Main Mesa Ariz

10M-7-20-37-Sims-Form 3-100% P.A.C.  
 Back of Certificate to be used for any Additional Information