

2044

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. **56**

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township Hayden or Village _____ Registered No. 11
 City Hayden No. _____ or Ward _____
 (If death occurred in a hospital or institution give the NAME instead of street and number)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 44 yrs. 0 mos. 0 ds.
 2. FULL NAME Mary Elizabeth Meyer How long in State when death occurred? 44 yrs. 0 mos. 0 ds.
 (a) Residence: No. Hayden Arizona St. _____ Ward _____
 (Usual place of abode) (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) married

5a. If married, widowed, or divorced wife of - Frank A. Meyer

6. DATE OF BIRTH (month, day, and year) March 14, 1861

7. AGE Years 78 Months 6 Days 29 If LESS than 1 day, hrs. or min. _____

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. Home

10. Date deceased last worked at this occupation (month and year) Sept. 1939 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or Country) China, Illinois

FATHER

13. NAME Stephen Van Deren

14. BIRTHPLACE (city or town) (State or Country) Cynthian Kentucky

MOTHER

15. MAIDEN NAME Martha Jane Wilson

16. BIRTHPLACE (city or town) (State or Country) Baltimore, Md.

17. INFORMANT Laura Meyer (Address) Hayden, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place WINKELMAN, ARIZ. Date 10-15, 1939

19. EMBALMER { License No. _____ Signature P. G. Jutrows

FUNERAL DIRECTOR { Signature P. G. Jutrows Address Winkelmann

20. Filed Oct 14, 1939 Winkelmann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1939, to Oct. 13, 1939
 I last saw h. or alive on Oct. 13, 1939; death is said to have occurred on the date stated above, at 8:45 p.m.
 The principal cause of death and related causes of importance were as follows:

<u>Cerebral arteriosclerosis</u>	Date of Onset <u>1934</u>
<u>hypostatic pneumonia</u>	<u>10-8-39</u>

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify _____
 (Signed) John C. Darnie M. D.
 (Address) Hayden, Ariz.