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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. 307

Registered No. 178

1. PLACE OF DEATH

County Maricopa State ARIZONA

Township ..... or Village ..... or

City Phoenix No. Jagoes Rest Home 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 ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

How long in State when death occurred? Many years. ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Jones Angle

(a) Residence: 1737 W. Buchanan ; ..... (If non-resident give city or town and state)

(Usual place of abode)

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 HUSBAND of (or) WIFE of Charles Angle

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1859

7. AGE: Years 80 | Months 1 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rust County (State or Country) Texas

FATHER

13. NAME George W. Jones

14. BIRTHPLACE (city or town) Unknown (State or Country)

MOTHER

15. MAIDEN NAME Lucy Dolheight

16. BIRTHPLACE (city or town) Unknown (State or Country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mesa Cemetery Date 1-31, 1940

19. EMBALMER License No. 196 Signature Tom King

FUNERAL DIRECTOR Mortenson & King,

Address 1030 W. Washington St, Phoenix, Ariz.

20. Filed Feb 5, 1940 James E. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-27, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-20-, 1940, to 1-27-, 1940

I last saw h. alive on 1-27, 1940; death is said to have occurred on the date stated above, at 8:50 P m.

The principal cause of death and related causes of importance were as follows:

Chr. degenerative Myocarditis.

Date of Onset .....

Other contributory causes of importance:

Senility

Arteriosclerosis & generalized

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) L. Clark Mills M. D.

(Address) 966 W. Oyama

(Back of Certificate to be used for any Additional Information) (MC 3 ay)

10M—5-26-39 A.P. Form 3 100% Rag