2030

Dr. Irvine

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 360
Registrar's No. 201

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 156 So. Mesa Drive (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home (Specify whether years, months or days); In Community 56 yrs.; In Arizona 56 yrs.

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa (If outside city limits also write RURAL)
(d) Street No. 156 So. Mesa, Drive; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Mary Pender Standage (b) If Veteran name war --- (c) Social Security No. None

4. Sex Female
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife John James Standage
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased Aug. 12, 1874 (Month) (Day) (Year)
8. AGE: Years 70 Months 4 Days 12 If less than one day hrs. ..... min.
9. Birthplace Glasgow, Scotland (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name William Hurst
13. Birthplace Scotland (City, town or county) (State or Country)
Mother 14. Maiden Name Sarah Ingram
15. Birthplace Scotland (City, town or county) (State or Country)
16. (a) Informant's own signature Gerald H. Standage
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 1-3-45 19
18. (a) Embalmer's Signature R. N. Daybelle
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) Jan. 4, 1945 (Date received Local Registrar)
(b) Jas. Mackenna (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 30, 1944
TIME (Hour and minute) 3:45 P. M.
21. I hereby certify that I attended the deceased from 9/5/44, 19 to 12/30, 1944, 19
that I last saw her alive on 12/30/44, 19
and that death occurred on the date and hour stated above.
Immediate cause of death
Carcinoma stomach.
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
7

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. B. Irvine M. D.
Address Tempe Ariz. Date signed 1/2/45