STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 259
Registrar's No. 1562

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Arizona State Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 yrs 5 mos; In Community 2 yrs. 5 mos.; In Arizona 48 yrs (Specify whether years, months or days)

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. 417 Johnson Street; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Eliza Jane Bird Taylor Bond (b) If Veteran name war No (c) Social Security No. None

4. Sex: F

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: ~~Married~~ Widow

6. (b) Name of husband or wife: George H. Bond

6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased July (Month) 13 (Day) 1877 (Year)

8. AGE: Years 68 Months 2 Days 13 If less than one day hrs. ____ min. ____

9. Birthplace Clover Valley (City, town or county) Nevada (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father: 12. Name Taylor Bird
13. Birthplace Morris Co., (City, town or county) New York (State or Country)

Mother: 14. Maiden Name Alice Stokes
15. Birthplace (City, town or county) England (State or Country)

16. (a) Informant's own signature Arizona State Hospital Records
(b) Address Phoenix, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Mesa, Ariz. (c) Date 10-1-2-45

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) OCT 4 1945 (Date received Local Registrar)
(b) [illegible] M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 26, 19 45;
TIME (Hour and minute) 6:25 A. M.

21. I hereby certify that I attended the deceased from July 15, 1944 to September 26, 19 45; that I last saw her alive on September 26, 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death: Bacillary dysentery — DURATION: 2 days

Due to

Due to

Other conditions (Include pregnancy within three months of death): cardio-vascular renal disease

Major findings:
Of operations

Of autopsy

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 Rhoda L. Musgrave M. D.
Address Phoenix Arizona Date signed 9-28-45

40M—100% Rag—6-10-44