

2100

279

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. _____

1. PLACE OF DEATH
 COUNTY Maricopa STATE ARIZONA REGISTERED NO. 389
 TOWNSHIP _____ OR VILLAGE _____ OR
 CITY Phoenix NO. St. Joseph's ST. _____ WARD _____
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 15 YRS. 0 MOS. 0 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? 15 YRS. 0 MOS. 0 DS.
 2. FULL NAME Mary Louise Wagoner HOW LONG IN STATE WHEN DEATH OCCURRED? 15 YRS. 0 MOS. 0 DS.

(A) RESIDENCE: NO. 1605 W. Magnolia ST. _____ WARD _____ (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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>15</u>	<u>4</u>	<u>5</u>	

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Student P. U. H. S.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILK MILL, SAW MILL, BANK, ETC. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Peoria, Ariz.

13. NAME James H. Wagoner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ariz.

15. MAIDEN NAME Mary C. Hammond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Georgia

17. INFORMANT (ADDRESS) Mrs. M. Wagoner

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 3/26/35

19. EMBALMER LICENSE NO. 15A SIGNATURE J. N. Stellan
 FUNERAL DIRECTOR J. N. Stellan
 ADDRESS 617 N. Central

20. FILED 3-28, 1935 W. W. Thomsen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/35

HEREBY CERTIFY THAT DECEASED DEPARTED FROM Peoria, Ariz. TO Phoenix, Ariz. ON March 24, 1935

I LAST SAW HER ALIVE ON March 24, 1935 AT 10:30 A.M.

DEATH SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____

PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Myocardial Infarction

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: None

NAME OF OPERATION None DATE OF _____

WHAT TESTS CONFIRMED _____ WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? no 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 None

NATURE OF INJURY None

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no

IF SO, SPECIFY _____ M. D.

(SIGNED) Miss [Signature] (ADDRESS) 15 E. [Address]

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.