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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. 160			
1. PLACE OF DEATH					County <u>Maricopa</u> State <u>ARIZONA</u>		Towship _____ or Village _____		Registered No. <u>1025</u>			
City <u>Phoenix</u>					No. <u>Goodsamaritan Hospital</u>		Ward _____		(if death occurred in a hospital or institution, give its NAME instead of street number)			
Length of residence in city or town where death occurred <u>42</u> yrs. mos. ds.					How long in U. S. if of foreign birth? _____ yrs. mos. ds.							
2. FULL NAME <u>Mary Annetta Irvine</u>					How long in State when death occurred? _____ yrs. mos. ds.							
(a) Residence: No. <u>858 East Broadway</u> St. _____ Ward _____					(Usual place of abode)		(If non-resident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>July 12 1938</u>		22. I HEREBY CERTIFY, that I attended deceased from _____ 1938 to _____ 1938				
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>E. Irvine</u>					1851		I last saw her alive on <u>July 12 1938</u> death is said to have occurred on the date stated above, at _____ m.		The principal cause of death and related causes of importance were as follows:			
6. DATE OF BIRTH (month, day, and year) <u>June 28, 1851</u>					7. AGE		Years <u>87</u> Months <u>0</u> Days <u>14</u>		If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset <u>7-2-38</u>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Domestic</u>					9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		Date of Onset <u>7-8-38</u>	
12. BIRTHPLACE (city or town) <u>Nova Scotia</u>					(State or Country)		Other contributory causes of importance: <u>Obstipation</u>		Date of Onset <u>7-6-38</u>			
MOTHER					FATHER							
13. NAME <u>Hiram Schipe</u>					14. BIRTHPLACE (city or town) <u>Nova Scotia</u>							
(State or Country)					15. MAIDEN NAME <u>Elizabeth E. Taylor</u>							
16. BIRTHPLACE (city or town) <u>Nova Scotia</u>					(State or Country)							
17. INFORMANT <u>Mrs Fred Sharp</u>					(Address) <u>Phoenix Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>					Place <u>Greenwood</u> Date <u>7/14/38</u>							
19. EMBALMER { License No. _____ Signature <u>A.H. McLeilan</u>					FUNERAL DIRECTOR <u>A.H. McLeilan</u>							
Address <u>Phoenix Arizona</u>					20. Filed <u>7-21-1938</u> by <u>James L. Johnson</u> Registrar							
					(Signed) _____ (Address) _____ M. D.							