

695

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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>		Registered No. <u>1075</u>			
Towship _____ or Village _____		City <u>Phoenix</u>		No. <u>Goodsamaritan Hospital</u>		Ward _____	
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.		How long in State when death occurred? _____ yrs. mos. ds.			
2. FULL NAME <u>Mary Annetta Irvine</u>		(a) Residence: No. <u>858 East Broadway</u> St. _____		Ward _____		If non-resident give city or town and state	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the <u>Widowed</u> )					
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>E. Irvine</u>							
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>	11. Total time (years) spent in this occupation _____			
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) _____							
12. BIRTHPLACE (city or town) <u>Nova Scotia</u> (State or Country)							
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> Registrar <u>James L. Johnson</u> (Address) _____							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>July 12 1938</u>							
22. I HEREBY CERTIFY, that I attended deceased from <u>July 12 1938</u> to <u>July 12 1938</u> 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:							
<u>Fracture of head of skull</u>						Date of Onset <u>7-2-38</u>	
<u>Hyposthesis pneumoniae</u>						<u>7-8-38</u>	
Other contributory causes of importance: <u>Obstipation</u> <u>7-6-38</u>							
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? <u>None</u> Date of injury <u>7-2-1938</u>							
Where did injury occur? <u>Phoenix</u> (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>							
Manner of injury <u>Falls</u>							
Nature of injury <u>Fracture of head of skull</u>							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____							
(Signed) <u>A.H. McLeilan</u> M. D.							