

2598

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - No. 432
County Registrar's - - No.
Local Registrar's - - No.

1. County Navajo
District

ORIGINAL CERTIFICATE OF DEATH

Town or City Joseph City No. (If death occurred in a hospital or institution, give its NAME instead of street number). St. Ward

2. FULL NAME Mary Maud Porter

(a) Residence No. Helton St. Ward. (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph D Porter

6. DATE OF BIRTH (month, day and year)

7. AGE Years 52 Months 4 Days 22 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Wife (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) Joseph City (State or country)

10. NAME OF FATHER James C. Shelley

11. BIRTHPLACE OF FATHER Salt Lake City (State or country) Utah

12. MAIDEN NAME OF MOTHER Margaret Hunter

13. BIRTHPLACE OF MOTHER Scotland (State or country)

14. Informant (Address)

15. Filed Mar. 3 1929 W B Randall Local Registrar. V. S. No. 1 County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 27 19 29

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19

that I last saw h. alive on 19 and that death occurred, on the date stated above, at 11:40 pm. The CAUSE OF DEATH* was as follows:

Dropsy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? What test confirmed diagnosis? (Signed) 19 (Address) M. D.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL Mar. 1 1929

20. UNDERTAKER ADDRESS

fully applied. AGE should be stated EXACTLY. PARTICULARS OF OCCUPATION is very important. See instructions on back of certificate. be properly classified. Exact statement of OCCUPATION is very important.