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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. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
1. County Maricopa
District No 3
Town or city Mesa

State Index - No 213
County Registrar's - No 1498
Local Registrar's - No 158

2. FULL NAME Agness D Cornell
(If death occurred in a hospital or institution, give its NAME instead of street number)

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. If married, widowed, or divorced
HUSBAND of Mr Cornell
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) July 25 1897

7. AGE Years 36 Months 5 Days 3 IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) Mat
(State or Country)

10. NAME OF FATHER Isaac Cook

11. BIRTHPLACE OF FATHER Cornuda
(State or country)

12. MAIDEN NAME OF MOTHER Martia Holden

13. BIRTHPLACE OF MOTHER Mat
(State or country)

14. Informant Ms Cornell
(Address)

15. Filed 12-30 1923 L. E. Russell Local Registrar.
Filed DEC 31 1923 HARRY I. FELLUM County Registrar.
V. B. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec 28 1923

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1923 to Dec 28 1923
that I last saw him alive on Dec 28 1923
and that death occurred, on the date stated above, at 5:30 a.m.
The CAUSE OF DEATH* was as follows:
Uterine Hemorrhage

(duration) yrs mos ds
CONTRIBUTORY Confinement
(duration) yrs mos ds
Cerebral Hemorrhage

18. Where was disease contracted Yes
if not at place of death? Yes
Did an operation precede death? Yes date of Dec 26 1923

Was there an autopsy? No
What test confirmed diagnosis?
Signed L. N. Brown M. D.
(Address) Mesa, Ariz.

* 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 Mesa Cemetery DATE OF BURIAL Dec 30 1923

20. UNDERTAKER W. A. Burton ADDRESS Mesa