ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 292

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 26

1. PLACE OF DEATH

A. COUNTY: Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Mesa

C. LENGTH OF STAY IN THIS PLACE: 28 years | IN ARIZONA: 75 years

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southside District Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Arizona

B. COUNTY: Maricopa

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Mesa

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 141 South Hibbert Street

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST): Lucy

B. (MIDDLE): Jane

C. (LAST): Wood

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED - - - - NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

7. DATE OF BIRTH: MONTH 3 | DAY 13 | YEAR 70

8. AGE: YEARS 81 | MONTHS 10 | DAYS 13

IF UNDER 24 HOURS: HOURS | MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: Domestic

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no | (IF YES, WAR OR DATES OF SERVICE): none

13. SOCIAL SECURITY NO.: none

14A. FATHER'S NAME: William Jorden Flake

14B. BIRTHPLACE (STATE OR COUNTRY): Unknown

15A. MOTHER'S MAIDEN NAME: Lucy White

15B. BIRTHPLACE (STATE OR COUNTRY): Unknown

16. INFORMANT'S SIGNATURE: Rose W. Johnson (dau.) ADDRESS: Mesa, Arizona

17. DATE OF DEATH (MONTH) (DAY) (YEAR): January 26, 1952

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Coronary Sclerosis — ?

DUE TO (c) Arterior Sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11:10, 1948, TO 1-26, 1952, THAT I LAST SAW THE DECEASED ALIVE ON Jan 25, 1952, AND THAT DEATH OCCURRED AT 11:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: [signature] (DEGREE OR TITLE): M.D.

23B. ADDRESS: Mesa, Arizona

23C. DATE SIGNED: 1-29-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 1-31-52

24C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona

25A. DATE REC'D BY LOCAL REG.: 1-29-52

25B. REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary ADDRESS: Mesa, Arizona

27. EMBALMER'S SIGNATURE: [signature]

CERT. NO. 228A

FORM VS 2 REV. 20M