ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3647

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 13721

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix, rural
C. LENGTH OF STAY: IN THIS PLACE 5 hrs; IN ARIZONA 35 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maricopa County 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: Avondale
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 714 S. 2nd St.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ~~ABBIE~~ MARTHA
B. (MIDDLE): ABBIE
C. (LAST): HEARN

4. SEX: Female
5. COLOR OR RACE: White

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: ☒ DIVORCED
7. DATE OF BIRTH: MONTH Mar, DAY 19, YEAR 1873
8. AGE: YEARS 79, MONTHS 2, DAYS 22
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: Own home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY?: USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: William B. Matthews
14B. BIRTHPLACE (STATE OR COUNTRY): unk.
15A. MOTHER'S MAIDEN NAME: Mary Cathyrn Barnhill
15B. BIRTHPLACE (STATE OR COUNTRY): unk.
16. INFORMANT'S SIGNATURE: Mrs. Arela Hooper, Bakersfield, Cal. Rt 6 Box 488
17. DATE OF DEATH: (MONTH) June (DAY) 11 (YEAR) 1952

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 420
+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) Coronary Occlusion
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhosis Liver

INTERVAL BETWEEN ONSET AND 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 June 11, 1952 TO June 11, 1952 THAT I LAST SAW THE DECEASED ALIVE ON June 11, 1952 AND THAT DEATH OCCURRED AT 6:07 A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Charles E Kindermann (DEGREE OR TITLE) MD
23B. ADDRESS: County Hospital; Phoenix, Ariz.
23C. DATE SIGNED: 17 June 52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: June 13, 1952
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
25A. DATE REC'D BY LOCAL REG.: 6/13/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore
27. EMBALMER'S SIGNATURE: W R Becker
ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
CERT. NO. 311

FORM VS 2 REV. 20M