ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4155

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 144

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: 25years | IN ARIZONA: 25yrs

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mesa Osteopathic 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): 418 South LeBaron

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST): Lulu B. (MIDDLE): C. (LAST): May

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED - NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH 4 DAY 2 YEAR 00

8. AGE: YEARS 52 MONTHS 2 DAYS 25

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): Kentucky

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: Frank Witten

14B. BIRTHPLACE (STATE OR COUNTRY): Kentucky

15A. MOTHER'S MAIDEN NAME: Arminta Butler

15B. BIRTHPLACE (STATE OR COUNTRY): Kentucky

16. INFORMANT'S SIGNATURE: George E. May (Husband) ADDRESS: Mesa, Arizona

17. DATE OF DEATH (MONTH) (DAY) (YEAR): June 27, 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) Acute Circulatory Collapse. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Pneumonia, Bronchial.

DUE TO (c) Malnutrition, Starvation.

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 6-25-52 TO 6-27-52, 19____, THAT I LAST SAW THE DECEASED ALIVE ON 6-27, 19 52 AND THAT DEATH OCCURRED AT 7:15 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): D.O.

23B. ADDRESS: Mesa, Arizona

23C. DATE SIGNED: 6-28-52

24A. BURIAL ☐ **CREMATION** ☐ **REMOVAL** ☒

24B. DATE: 6-30-1952

24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park

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

25A. DATE REC'D BY LOCAL REG.: 6-30-52

25B. REGISTRAR'S SIGNATURE: Jess Meldrum

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

27. EMBALMER'S SIGNATURE: Donald J. Meldrum CERT. NO. 345

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