ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4691

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 166

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: 58 yrs. IN ARIZONA: 72yrs
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): 238 West 2nd Avenue

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Luella
B. (MIDDLE): Noble
C. (LAST): Davis

4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 1 DAY 4 YEAR 77
8. AGE: YEARS 75 MONTHS 6 DAYS 29
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): Nonem
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Benjamin Noble
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Rachel Lee
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Lavon Smithson (daughter) ADDRESS: Mesa, Ariz.
17. DATE OF DEATH (MONTH) August (DAY) 3, (YEAR) 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) Hypostatic Pneumonia — 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) Fracture of Hip (fracture)
DUE TO (c) senility
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 7-14-52, 19__ TO 8-3-52, 19__ ALIVE ON 8-3-52, 19__ AND THAT DEATH OCCURRED AT 1:45 A.M. DUE TO THE CAUSES AND ON THE DATE STATED ABOVE. THAT I LAST SAW THE DECEASED
23A. SIGNATURE: [signature] (DEGREE OR TITLE) D.O.
23B. ADDRESS: Mesa, Arizona
23C. DATE SIGNED: 8-4-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 8-5-52
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.: 8-4-52
25B. REGISTRAR'S SIGNATURE: [signature] Jess Meldrum
26. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary ADDRESS: Mesa, Arizona
27. EMBALMER'S SIGNATURE: [signature] CERT. NO.: 228 A

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