

CERTIFICATE OF DEATH

1094
83

2777
8/27
34
5 OF DEATH
AND
RESIDENCE

BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE		REGISTRAR'S NO.	
A. COUNTY		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)		A. STATE		IF DECEASED LIVED, (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
Maricopa		Mesa		Arizona		COUNTY Maricopa	
3. NAME OF DECEASED		C. LENGTH OF STAY IN THIS PLACE (IN HOSPITAL OR ADDRESS OR LOCATION)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)		D. STREET ADDRESS	
(FIRST) (MIDDLE) (LAST)		DAYS MONTHS YEARS		TOWN Mesa		(IF RURAL, GIVE LOCATION)	
Grace Wood		42 yrs 42 yrs		ENTZ		120 West Third street	
6. MARRIED NEVER MARRIED WIDOWED DIVORCED		7. DATE OF BIRTH		4. SEX		5. COLOR OR RACE	
W		8 DAY 25 76		F.		W.	
9. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		12. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
At Home		Illinois		Housewife		NO	
14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME		13. SOCIAL SECURITY NO.	
Sidney Wood		Ind.		Lucy Matthews		NO	
16. INFORMANT'S SIGNATURE		ADDRESS		17. DATE OF DEATH		15B. BIRTHPLACE (STATE OR COUNTRY)	
[Signature]		[Address]		August 27 1952		Ill.	
18. CAUSE OF DEATH		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (3)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ENTER ONLY ONE CAUSE PER LINE OR (1), (2), (3)		ANTecedent CAUSES		Cardiac - normal		2	
*THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAIL. URE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (b),			
PLACE DISEASE CONTINUED.		19B. MAJOR FINDINGS OF OPERATION		DUE TO (c)			
19A. DATE OF OPERATION		21A. ACCIDENT SUICIDE HOMICIDE		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
[Date]		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		(COUNTY) (CITY OR TOWN) (STATE)			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
8/27 1952		M		[Description]			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON 8/27 1952 TO 8/27 1952 THAT I LAST SAW THE DECEASED		23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		[Signature]		Mesa, Arizona		8-28-52	
24A. BURIAL CREMATION REMOVAL <input type="checkbox"/>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
<input checked="" type="checkbox"/>		8-30-52		Mesa cemetery		Mesa, Arizona	
25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
8-28-52		[Signature]		[Signature]		Mesa, Arizona	
27. EMBALMER'S SIGNATURE		27. EMBALMER'S SIGNATURE		27. EMBALMER'S SIGNATURE		CERT. NO.	
[Signature]		[Signature]		[Signature]		331	