

CERTIFICATE OF DEATH

BIRTH NO. *2727*
 1. PLACE OF DEATH
 A. COUNTY **Maricopa**
 C. CITY OR TOWN **Mesa**
 D. FULL NAME OF HOSPITAL OR INSTITUTION **Southside Hospital**
 2. USUAL RESIDENCE
 A. STATE **Arizona**
 C. CITY OR TOWN **Chandler**
 D. STREET ADDRESS **239 N. California**
 REGISTRAR'S NO. **10**
 (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
 B. COUNTY **Maricopa**
 IN CITY LIMITS
 OUTSIDE CITY LIMITS

3. NAME OF DECEASED
 A. (FIRST) **Henrietta** B. (MIDDLE) **Texanna** C. (LAST) **Anderson**
 4. SEX **Female**
 5. COLOR OR RACE **White**
 6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Widowed**
 7. DATE OF BIRTH
 MONTH **3** DAY **1** YEAR **1873**
 8. AGE (IN YEARS) (IF UNDER 1 YEAR, GIVE MONTHS AND DAYS) **71**
 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). **Housewife**
 9B. KIND OF BUSINESS OR INDUSTRY **Home**
 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Texas**
 11. CITIZENSHIP? **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 **Unknown Stringer**
 14B. BIRTHPLACE (STATE OR COUNTRY) **Texas**
 15A. MOTHER'S MAIDEN NAME **Unknown**
 15B. BIRTHPLACE (STATE OR COUNTRY) **Unknown**
 16. INFORMANT'S SIGNATURE **Arnold Anderson**
 ADDRESS **Tucson, Arizona**
 17. DATE OF DEATH
 (MONTH) **October** (DAY) **12** (YEAR) **1952**

18. CAUSE OF DEATH
 ENTER ONLY ONE CAUSE PER LINE (A), (B), (C).
12301
 *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.
 PLACE DISEASE CONTRACTED.
 19A. DATE OF OPERATION
 19B. MAJOR FINDINGS OF OPERATION
 19C. PLACE OF OPERATION (SPECIFY)
 20. ACCIDENT SUICIDE HOMICIDE
 21A. ACCIDENT SUICIDE HOMICIDE
 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
 21C. (CITY OR TOWN) (COUNTY) (STATE)
 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN)
 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 **10-8-52** TO **10-12-52** THAT I LAST SAW THE DECEASED ALIVE ON **10-12-52** AND THAT DEATH OCCURRED AT **2:50 P.** M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
 23A. SIGNATURE *William D. Johnson* M. D. ADDRESS **Chandler, Arizona**
 23B. ADDRESS
 23C. DATE SIGNED **10/13/52**
 24A. CREATION-REMOVAL LOCAL REG.
 24B. DATE **10/14/52**
 24C. NAME OF CEMETERY OR CREMATORY **Mesa, Cemetery**
 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Mesa, Arizona**
 25A. DATE REC'D BY LOCAL REG. **10-14-52**
 25B. REGISTRAR'S SIGNATURE *William D. Johnson*
 25C. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **M. L. Gibbons Mortuary Mesa, Arizona**
 26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
 27. EMBALMER'S SIGNATURE **William D. Johnson** CERT. NO. **331**

PLACE OF DEATH
 24 AND 25
 USUAL RESIDENCE
 5

DECEDENT PERSONAL DATA
 179

CAUSE OF DEATH (ITEM 18)
 OPERATIONS, AUTOPSY

DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL OR CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR