

CERTIFICATE OF DEATH

BIRTH NO. PLACE OF DEATH COUNTY CITY TOWN FULL NAME OF HOSPITAL OR INSTITUTION NAME OF DECEASED (TYPE OR PRINT) DATE OF DEATH TIME USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY: Maricopa C. CITY OR TOWN: Mesa D. FULL NAME OF HOSPITAL OR INSTITUTION: Southside District Hospital		B. LENGTH OF STAY IN ARIZONA I. NO.: Life C. IN CITY LIMITS: <input checked="" type="checkbox"/> IN OUTSIDE CITY LIMITS: <input type="checkbox"/>		2. USUAL RESIDENCE A. STATE: Arizona C. CITY OR TOWN: Bagdad D. STREET ADDRESS: General Delevrey		REGISTRAR'S NO.: 30 IF INSTITUTION: RESIDENCE BEFORE ADMISSION: Yavapai	
	3. NAME OF DECEASED (FIRST) (MIDDLE) (LAST) Viola Hughes COOK		4. SEX: Female 5. COLOR OR RACE: White		6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		7. DATE OF BIRTH MONTH: 6 DAY: 16 YEAR: 1907	
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		9. AGE (IN YEARS) LAST BIRTHDAY: 45		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY: United States		
9B. KIND OF BUSINESS OR INDUSTRY Domestic		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, DATE OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO.: None		14A. FATHER'S NAME: William Pat Hughes		
14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky		15A. MOTHER'S MAIDEN NAME: Oneta Martin		15B. BIRTHPLACE (STATE OR COUNTRY) Texas		16. INFORMANT'S SIGNATURE: Alvin B. Cook (Hus) Bagdad, Arizona		
17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 25, 1952		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (SEE INSTRUCTIONS) (C) <i>Septicemia</i> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, UREMIA, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.						
CAUSE OF DEATH (ITEM 18)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A): <i>Chronic Nephritis - with Uremia</i> DUE TO (B): DUE TO (C):						
OPERATIONS, AUTOPSY		19A. DATE OF OPERATION: <i>Autopsy - 11-26-52</i>		19B. MAJOR FINDINGS OF OPERATION: <i>Chronic Nephritis, with Uremia</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
DEATH DUE TO EXTERNAL VIOLENCE		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)		
MEDICAL OR CORONER'S CERTIFICATION		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) INJURY: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. INJURY OCCURRED:		21F. HOW DID INJURY OCCUR?		
FUNERAL DIRECTOR AND REGISTRAR		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Nov 25 1952</i> AND THAT DEATH OCCURRED AT <i>7:45 A.M.</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Nov 25 1952</i> .		23A. SIGNATURE: <i>Jess Meldrum</i>		23B. ADDRESS: Mesa, Arizona		
23A. SIGNATURE: <i>Jess Meldrum</i>		23B. ADDRESS: Mesa, Arizona		23C. DATE SIGNED: 11-25-52		24. BURIAL PLACE: <i>Mesa City Cemetery</i>		
24A. BURIAL PLACE: <i>Mesa City Cemetery</i>		24B. DATE: 11-28-52		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.: 11-25-52		25B. REGISTRAR'S SIGNATURE: <i>Jess Meldrum</i>		26. FUNERAL DIRECTOR'S SIGNATURE: <i>Meldrum Mortuary</i>		ADDRESS: Mesa, Arizona		
25A. DATE REC'D BY LOCAL REG.: 11-25-52		25B. REGISTRAR'S SIGNATURE: <i>Jess Meldrum</i>		27. EMBALMER'S SIGNATURE: <i>R. N. Daybell</i>		ADDRESS: Mesa, Arizona CERT. NO.: 228 A		