ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6492

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Tempe
C. LENGTH OF STAY IN THIS PLACE: 6 yrs; IN ARIZONA: 6 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 831 Normal Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona COUNTY: Maricopa
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Tempe
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 831 Normal Ave

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): ELIZA B. (MIDDLE): WOOD C. (LAST):
4. SEX: female
5. COLOR OR RACE: cau
6. MARRIED - - - - NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
7. DATE OF BIRTH: MONTH May DAY 17 YEAR 1863
8. AGE: YEARS 89 MONTHS 5 DAYS 21
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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Scotland
11. CITIZEN OF WHAT COUNTRY? U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: no
14A. FATHER'S NAME: James Whytock
14B. BIRTHPLACE (STATE OR COUNTRY):
15A. MOTHER'S MAIDEN NAME:
15B. BIRTHPLACE (STATE OR COUNTRY):
16. INFORMANT'S SIGNATURE: Mrs. W. R. McSpadden ADDRESS: Tempe, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): November 8, 1952

CAUSE OF DEATH (ITEM 18)

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) Shock — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Intestinal obstruction — 2 - 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

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?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-6-52, 19____ TO 11-8-52, 19____ THAT I LAST SAW THE DECEASED ALIVE ON 11-8-52, 19____ AND THAT DEATH OCCURRED AT 11:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [signature] (DEGREE OR TITLE) M D
23B. ADDRESS: Tempe, Ariz.
23C. DATE SIGNED: 11/10/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 11/11/52
24C. NAME OF CEMETERY OR CREMATORY: East Rest Haven Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tempe, Ariz.
25A. DATE REC'D BY LOCAL REG.: 11/13/52
25B. REGISTRAR'S SIGNATURE: Rosalie Hansinger
26. FUNERAL DIRECTOR'S SIGNATURE: Carr Mortuary ADDRESS: Tempe, Ariz.
27. EMBALMER'S SIGNATURE: [signature] CERT. NO. 2 18

FORM VS 2 REV. 2M