ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7152

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2542

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 25 yrs; IN ARIZONA: 74 yrs
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3008 North 2nd Street

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lee B. (MIDDLE) Annie C. (LAST) Sanders

4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
7. DATE OF BIRTH: MONTH 11 DAY 8 YEAR 78
8. AGE (IN YEARS LAST BIRTHDAY): 74 — IF UNDER 1 YEAR: MONTHS 0, DAYS 20; IF UNDER 24 HRS.: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): At Home
9B. KIND OF BUSINESS OR INDUSTRY: Homemaking
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Williamson Valley, Ariz. U. S. A.
11. CITIZEN OF WHAT COUNTRY?: NO
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): ********** (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Abraham Charlton
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Martha Jane Gist
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE: Mrs. Clyda Markham, daughter, Phoenix, Ariz. — ADDRESS
17. DATE OF DEATH (MONTH) November (DAY) 28, (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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Defer for autopsy report — 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)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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 OR CORONER'S CERTIFICATION
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-1-52 TO 11-28-52, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 11-27-52, 19__, AND THAT DEATH OCCURRED AT 3:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Doris M. Rowe, M. D. (DEGREE OR TITLE)
23B. ADDRESS: 1313 N. 2nd St.
23C. DATE SIGNED: Nov. 28, 1952

FUNERAL DIRECTOR AND REGISTRAR
24A. BURIAL XXXX / CREMATION [ ] / REMOVAL [ ]
24B. DATE: Dec. 1, 1952
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona.
25A. DATE REC'D BY LOCAL REG.: 11/29/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: H. L. Murphy — ADDRESS
27. EMBALMER'S SIGNATURE: H. L. Murphy — CERT. NO.
Whitney & Murphy Funeral Home, Phoenix, Ariz

FORM VS 2 REV. 4-15-52