ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 7283

BIRTH NO.

REGISTRAR'S NO. 2758

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 7 yr; IN ARIZONA: Life
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1440 So. 28th Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona — COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1440 So. 28th Ave.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MARY B. (MIDDLE) IRENE C. (LAST) HAWKINS
4. SEX: FEMALE
5. COLOR OR RACE: CAU
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH Jan. DAY 19 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 67 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: 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): Arizona
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.: Unk
14A. FATHER'S NAME: Henry Colvin
14B. BIRTHPLACE (STATE OR COUNTRY): Unk
15A. MOTHER'S MAIDEN NAME: Sarah Ann Maxwell
15B. BIRTHPLACE (STATE OR COUNTRY): Ark
16. INFORMANT'S SIGNATURE: John Hawkins — ADDRESS: Phoenix, Arizona
17. DATE OF DEATH (MONTH) December (DAY) 22nd (YEAR) 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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: One year

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

11. 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 ☐ 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 Oct 16, 1952 TO Dec 22, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Dec 15, 1952 AND THAT DEATH OCCURRED AT 3:15 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Robert G. Beers M.D. — (DEGREE OR TITLE): M D
23B. ADDRESS: Phoenix, Arizona
23C. DATE SIGNED: 12-24-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 12/26/52
24C. NAME OF CEMETERY OR CREMATORY: Eden Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Eden, Ariz.
25A. DATE REC'D BY LOCAL REG.: 12/29/52
25B. REGISTRAR'S SIGNATURE: Beulah J. Rudd
26. FUNERAL DIRECTOR'S SIGNATURE: Carr Mortuary — ADDRESS: Tempe, Ariz.
27. EMBALMER'S SIGNATURE: E. L. Carr Jr. — CERT. NO.: 218

FORM VS 2 REV. 4-15-52