ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3935

CERTIFICATE OF DEATH

Punched BIRTH NO.

REGISTRAR'S NO. 151

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 77 yrs; IN ARIZONA 77 yrs
C. CITY OR TOWN: Mesa — [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): 45 West Second Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 45 West Second Street

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lorana B. (MIDDLE) Brizzee C. (LAST) Robertson

4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 1 DAY 31 YEAR 77
8. AGE (IN YEARS LAST BIRTHDAY): 79
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): Utah
11. CITIZEN OF WHAT COUNTRY? United States
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.: None
14A. FATHER'S NAME: Henry Willard Brizzee
14B. BIRTHPLACE (STATE OR COUNTRY): Mass.
15A. MOTHER'S MAIDEN NAME: Ann Didsbury
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mrs. Jessie L. Lesueur — ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) 6 (DAY) 24 (YEAR) 56

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Hypostatic Pneumonitis — 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) Congestive Heart Failure — 2 yrs.
DUE TO (C) Senility.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1954 TO 6-24-56, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 6-24-56, 19__, AND THAT DEATH OCCURRED AT 10:00 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Abraham Clarke (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 6-25-56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 6-26-56
25C. NAME OF CEMETERY OR CREMATORY: Mesa city cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 6-25-56
26B. REGISTRAR'S SIGNATURE: Donald Meldrum Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: Donald Meldrum
27B. ADDRESS: MELDRUM MORTUARY, 52 N. Macdonald Mesa, Ariz.

MELDRUM MORTUARY & CHAPEL

FORM VS-2 REV. 6-53 AMPCO 77595