ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0338

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 199

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 5 yrs. IN ARIZONA 5 yrs.
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): Maricopa County General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 1206 E. Portland
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ELIZABETH B. (MIDDLE) C. (LAST) CLAYPOOL

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH May DAY 17 YEAR 1875
8. AGE (IN YEARS LAST BIRTHDAY): 81 — 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): House wife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Penna.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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: George Hair
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mr. John F. Claypool, (son) — ADDRESS: Same
17. DATE OF DEATH: (MONTH) January (DAY) 16 (YEAR) 1957

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Carcinomatosis
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Carcinoma of Stomach
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS 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 ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 29, 1956, TO Jan. 16, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Jan. 16, 1957, AND THAT DEATH OCCURRED AT 8:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: A. W. Bate M.D. (DEGREE OR TITLE)
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 1-18-57

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 ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Jan. 18, 1957
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 1/18/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: W. S. MOORE & SONS, PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: Gust L. Kanen
28B. EMBALMER'S CERT.: 526

FORM VS-2 REV. 3-15-55

DATE OF DEATH 17 / AND 29 / AL RESIDENCE 0338 — DECEDENT PERSONAL DATA 1 2 3 81 6 157 — CAUSE OF DEATH (ITEM 18) 15 1X 0 0 — OPERATIONS, AUTOPSY 1 — MEDICAL CERTIFICATION 4 5 — CORONER'S CERTIFICATION — FUNERAL DIRECTOR AND REGISTRAR 85 2 10