ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2159

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 707

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 4 Months; IN ARIZONA: Same
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Marys Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: California
B. COUNTY: Los Angeles
C. CITY OR TOWN: Glendale — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 842 E. Glenoaks
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Alta B. (MIDDLE) L. C. (LAST) White
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Wm. C. White
7. DATE OF BIRTH — MONTH: Jull DAY: 29 YEAR: 1879
8. AGE (IN YEARS LAST BIRTHDAY): 77
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: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ill
11. CITIZEN OF WHAT COUNTRY? USA
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.: 019013726A
14A. FATHER'S NAME: John Sweeley
14B. BIRTHPLACE (STATE OR COUNTRY): Pa.
15A. MOTHER'S MAIDEN NAME: Louise Ault
15B. BIRTHPLACE (STATE OR COUNTRY): Pa.
16. INFORMANT'S SIGNATURE: W. C. White — ADDRESS:
17. DATE OF DEATH (MONTH) March (DAY) 16, (YEAR) 1957

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Infarct Anterior wall of Heart — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Ac. Pleurisy Rt Lung

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-10, 1957 TO 3/16, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 3-16, 1957, AND THAT DEATH OCCURRED AT 11:15 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Dan L. Mahoney (DEGREE OR TITLE) MD
22B. ADDRESS: 1131 Country Club
22C. DATE SIGNED: 3-18-57

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: March 21, 1957
25C. NAME OF CEMETERY OR CREMATORY: Temple South Lawn Mausoleum
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson Pima Ariz.
26A. DATE REC. BY LOCAL REG.: B-21-57
26B. REGISTRAR'S SIGNATURE:
27A. FUNERAL DIRECTOR'S SIGNATURE: Kenney Funeral Home
27B. ADDRESS: Tucson, Ariz
28. EMBALMER'S SIGNATURE: By: Charles F. Boake
28B. EMBALMER'S CERT. NO.: 378 A

FORM VS-2 REV. 3-15-55