ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3261 / 1263

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 46 Yr; IN ARIZONA 46 Yr
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 (IF RURAL, GIVE LOCATION): 1114 W. Roma
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): CARRIE
B. (MIDDLE): (NONE)
C. (LAST): CAMPBELL

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: William Campbell
7. DATE OF BIRTH: MONTH Oct; DAY 4; YEAR 1890
8. AGE (IN YEARS LAST BIRTHDAY): 66
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: ———
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
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.: None
14A. FATHER'S NAME: Henry Boswell
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Majorie Roland
15B. BIRTHPLACE (STATE OR COUNTRY): Illinois
16. INFORMANT'S SIGNATURE: Son William Campbell
ADDRESS: 1114 W. Romas Phoenix, Ariz.
17. DATE OF DEATH (MONTH) May (DAY) 3 (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, ASYSTOLIA, 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) Acute purulent bronchitis

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
(B) Post-op & post Radiation for Ca of breast – no metastasis found on post
(C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 24, 1957, TO May 3, 1957, THAT I LAST SAW THE DECEASED ALIVE ON May 3, 1957, AND THAT DEATH OCCURRED AT 11:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Ruth A. Johnson M.D. (DEGREE OR TITLE)
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 5-4-57

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: 5-6-57
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 5/6/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Edwin L. Hilmer
27B. ADDRESS: Phoenix, Arizona
28. EMBALMER'S SIGNATURE: Edwin L. Hilmer
28B. EMBALMER'S CERT. NO.: 361-A

FORM VS-2 REV. 3-15-56
MERCER MORTUARY & CHAPEL PHOENIX, ARIZONA