ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6417

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 9501

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: 19 yrs / 43 yrs
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS): 2710 E. Brill Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS: 2710 E. Brill Street (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Mayme
B. (MIDDLE): Irene
C. (LAST): CALLAWAY

4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: William
7. DATE OF BIRTH: MONTH Jan, DAY 2, YEAR 1875
8. AGE (IN YEARS LAST BIRTHDAY): 83 — 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): Operator
9B. KIND OF BUSINESS OR INDUSTRY: Telephone
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
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.: Yes Unk.
14A. FATHER'S NAME: (Unk.) SCOTT
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mr. William C. CALLAWAY (husband) — ADDRESS: 2710 E. Brill Street, Phoenix, Arizona
17. DATE OF DEATH: (MONTH) September (DAY) 8, (YEAR) 1958

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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): Cerebral hemorrhage — 4 days
DUE TO (C): Cerebral sclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Pernicious anemia — 12 yrs.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 1, 19 50 TO Sept. 8, 19 58, THAT I LAST SAW THE DECEASED ALIVE ON Sept. 7, 19 58, AND THAT DEATH OCCURRED AT 12:07 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Dwight H. Porter — (DEGREE OR TITLE): M. D.
22B. ADDRESS: 1130 E. McDowell Road
22C. DATE SIGNED: 9-9-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): None
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?

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

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 9-10-58
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 9/10/58
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Jack Hauser
27B. ADDRESS: Grimshaw Mortuary
28A. EMBALMER'S SIGNATURE: Wm R. Bradley
28B. EMBALMER'S CERT. NO.: 372-A

FORM VS-1 REV. 3-15-55

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33/X
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RATIONS, 2
UTOPSY 2
EDICAL 1
FICATION 1
DEATH
DUE TO
EXTERNAL
VIOLENCE
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FICATION 1
NERAL 0
ECTOR 0
AND 0
ISTRAR 2
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