ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8032

CERTIFICATE OF DEATH

REGISTRAR'S NO. -47- 1958

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa | B. LENGTH OF STAY IN THIS TOWN 34 Yrs. IN ARIZONA 34 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) 4244 N. 42nd. Place

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 (IF RURAL, GIVE LOCATION) ADDRESS 4244 N. 42nd Pl E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) SUSIE B. (MIDDLE) PEARL C. (LAST) WEED | 4. SEX Female | 5. COLOR OR RACE White | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed

6B. NAME OF SPOUSE | 7. DATE OF BIRTH MONTH 7 DAY 6 YEAR 1895 | 8. AGE (IN YEARS LAST BIRTHDAY) 63 | 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) Missouri | 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 ? Knight | 14B. BIRTHPLACE (STATE OR COUNTRY) Unknown | 15A. MOTHER'S MAIDEN NAME Unknown | 15B. BIRTHPLACE (STATE OR COUNTRY) Unknown

16. INFORMANT'S SIGNATURE Mrs. G.N. Richards ADDRESS 505 E. Pasadena Phoenix, Arizona | 17. DATE OF DEATH (MONTH) Nov. (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) Pulmonary Tuberculosis

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 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 _____ TO 11-8 19 58 THAT I LAST SAW THE DECEASED ALIVE ON _____ 19 ____ AND THAT DEATH OCCURRED AT Appr 8 A FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.

22A. SIGNATURE (DEC) Thomas B. Lewis M.D. MARICOPA COUNTY MEDICAL EXAMINER | 22B. ADDRESS Phoenix | 22C. DATE SIGNED 11-8-58

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?

24A. CORONER'S SIGNATURE Ben E. Toh | 24B. ADDRESS Scottsdale Arizona | 24C. DATE SIGNED 11-12-58

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ | 25B. DATE Nov. 12, 1958 | 25C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona

26A. DATE REC. BY LOCAL REG. 11-12-58 | 26B. REGISTRAR'S SIGNATURE Bernice Johnston | 27A. FUNERAL DIRECTOR'S SIGNATURE Johnny J. Toman | 27B. ADDRESS Phoenix, Arizona

FORM VS-2 REV. 3-15-53 15M ARIZ 16856 ARIZONA FUNERAL HOME | 28A. EMBALMER'S SIGNATURE Johnny J. Toman | 28B. EMBALMER'S CERT. NO. 150-A

17 / 21 / X / 2 / 3 / 163 / 7 / X58 / 092-X / 2 / 9 / 2 / 1 / 1 / 1 / 5 / 1 / 2 / 134

E OF DEATH AND E RESIDENCE

ECEDENT ERSONAL DATA

CAUSE OF DEATH TEM 18)

ERATIONS, UTOPSY

MEDICAL TIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

ORONER'S TIFICATION

UNERAL IRECTOR AND EGISTRAR