

CERTIFICATE OF DEATH

BIRTH NO. 3505

REGISTRAR'S NO. 254

1. PLACE OF DEATH A. COUNTY <b>MARICOPA</b>	B. LENGTH OF STAY IN THIS TOWN <b>Life</b> IN ARIZONA <b>Life</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE A. STATE <b>Arizona</b>	REGISTRAR'S NO. <b>254</b> (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY <b>Maricopa</b>
		C. CITY OR TOWN <b>Phoenix</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN <b>Phoenix</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
		D. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>	D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>713 N. 3d Street</b>
3. NAME OF DECEASED A. (FIRST) <b>MARY</b> B. (MIDDLE) <b>CHARLENE</b> C. (LAST) <b>WALLS</b>	4. SEX <b>female</b> 5. COLOR OR RACE <b>white</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>single</b>	
6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH <b>Dec</b> DAY <b>9</b> YEAR <b>1958</b>	8. AGE (IN YEARS) LAST BIRTHDAY <b>0</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE (EVEN IF RETIRED)) <b>None</b>
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>
14A. FATHER'S NAME <b>Rex S. Walls</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>West Virginia</b>	15A. MOTHER'S MAIDEN NAME <b>Rose Mary Smith</b>	13. SOCIAL SECURITY NO. <b>None</b>
16. INFORMANT'S SIGNATURE <b>Rex. S. Walls, 713 N. 3d Street</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	17. DATE OF DEATH (MONTH) <b>January</b> (DAY) <b>18</b> (YEAR) <b>1959</b>	

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, ARREST, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>acute interstitial pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Jan 19 1959** AND THAT DEATH OCCURRED AT **6:55 PM** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE *[Signature]* 22B. ADDRESS **Maricopa County**

23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE <b>Natural</b>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. CITY OR TOWN (COUNTY) (STATE) <b>Phoenix, Arizona</b>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
24A. CROONER'S SIGNATURE <i>[Signature]</i>	24B. ADDRESS <b>1172nd Ave Phoenix</b>	24C. DATE SIGNED <b>1-20-59</b>

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>Jan. 19, 1959</b>	25C. NAME OF CEMETERY OR CREATOR <b>St. Francis</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>
26A. DATE REC. BY LOCAL REG. <b>1/19/59</b>	26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	27B. ADDRESS <b>330 N. 2d Ave., Phx</b>
28A. FUNERAL HOME <b>Whitney &amp; Murphy Funeral Home, Phx</b>		28B. EMBALMER'S SIGNATURE <i>[Signature]</i>	28C. EMBALMER'S CERT. NO. <b>141A</b>