

3233
1397

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY MARICOPA		B. LENGTH OF STAY IN THIS TOWN 12 YR IN ARIZONA 24 YR		2. USUAL RESIDENCE A. STATE ARIZONA		B. COUNTY MARICOPA		
	C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION 4721 E. VERNON				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 4721 E. VERNON		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
IDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) ETHEL WRIGHT RALSTON			4. SEX FE	5. COLOR OR RACE CAUC.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED			
	6B. NAME OF SPOUSE HARRY E. RALSTON		7. DATE OF BIRTH MONTH 9 DAY 8 YEAR 1976		8. AGE (IN YEARS) LAST BIRTHDAY 62		IF UNDER 24 HRS. MONTHS	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) INDIANA	11. CITIZEN OF WHAT COUNTRY? U. S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO		13. SOCIAL SECURITY NO. 526-03-3532		
76 X CAUSE OF DEATH (EM 18)	14A. FATHER'S NAME WILLIAM N. WRIGHT		14B. BIRTHPLACE (STATE OR COUNTRY) KENTUCKY		15A. MOTHER'S MAIDEN NAME HATTIE LANDSBURY		15B. BIRTHPLACE (COUNTRY) INDIANA		
	16. INFORMANT'S SIGNATURE HARRY E. RALSTON ADDRESS 4721 E. VERNON PHOENIX, ARIZ.				17. DATE OF DEATH (MONTH) APRIL (DAY) 12 (YEAR) 1960				
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <small>THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Generalized carcinomatosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>carcinoma of breast</u> DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>arteriosclerotic heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>one year</u> <u>3 years</u> <u>DK</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb 27 1958</u> TO <u>April 12 1960</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Apr 8 1960</u> AND THAT DEATH OCCURRED AT <u>4:30 p</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	22A. SIGNATURE <u>Chas B</u> (DEGREE OR TITLE)			22B. ADDRESS <u>550 W Thomas Road</u>			22C. DATE SIGNED <u>4-14-60</u>		
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 (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?				
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS			24C. DATE SIGNED			
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 4-15-60	25C. NAME OF CEMETERY OR CREMATORY GREEN ACRES MEM. GARD.		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) SCOTTSDALE, ARIZ.				
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 4/15/60	26B. REGISTRAR'S SIGNATURE <u>Paula J. Johnston</u>		27A. GENERAL DIRECTOR'S SIGNATURE <u>Paul J. Siga</u>		27B. ADDRESS PHOENIX, ARIZ.			
	FORM 5-2 REV. 3-15-55	28A. EMBALMER'S SIGNATURE <u>John R. Braden</u>	28B. EMBALMER'S CERT. NO. 372-A						