

0452

MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
County Maricopa State ARIZONA State File No. 2118  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 500  
City Tolleson No. Lateral 21 and Buckeye Rd. or \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Wilmoth McPherson How long in State when death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(a) Residence: Lateral 21 and Buckeye (Usual place of abode) (If non-resident give city or town and state)

| PERSONAL AND STATISTICAL PARTICULARS  |                                  |   |  |  | MEDICAL CERTIFICATE OF DEATH  |  |
|---|----------------------------------|---|--|--|---|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>MARRIED</u> |  |  | 21. DATE OF DEATH (month, day, and year) <u>4/17/40</u> , 19  |  |
| 6a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of <u>Eugene McPherson</u>  |                                  |   |  |  | 22. <u>4/17/40</u> , 19, to <u>4/17/40</u> , 19<br>I HEREBY CERTIFY, That I attended deceased from<br>I last saw her alive on <u>4/17/40</u> , 19; death is<br>said to have occurred on the date stated above, at <u>5:30 P. m.</u> |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Apr. 1, 1821</u>   |                                  |   |  |  | The principal cause of death and related causes of<br>importance were as follows:<br><u>acute cardiac decompensation</u> Date of Onset <u>4/17/40</u>   |  |
| 7. AGE<br>Years <u>18</u> Months <u>10</u> Days <u>15</u>   |                                  | If LESS than 1 day, _____ hrs. or _____ min.                              |  |  | Other contributory causes of importance:<br><u>Pregnancy 6 weeks 1940</u><br><u>hypertension 1940</u>   |  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>  |                                  |   |  |  | Name of operation _____ Date of _____   |  |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  |                                  |   |  |  | What test confirmed diagnosis? _____ Was there an autopsy? _____  |  |
| 10. Date deceased last worked at this occupation (month and year) _____   |                                  |   |  |  | 23. If death was due to external causes (violence) fill in also the following:<br>Accident, suicide, or homicide? _____ Date of injury _____, 19 _____<br>Where did injury occur? _____ (Specify city or town, county and State)    |  |
| 11. Total time (years) spent in this occupation _____   |                                  |   |  |  | Specify whether injury occurred in industry, in home, or in public place _____  |  |
| 12. BIRTHPLACE (city or town) <u>Arizona</u> (State or Country)   |                                  |   |  |  | Manner of injury <u>SD</u>  |  |
| 13. NAME <u>Sammuel B. Johnson</u>  |                                  |   |  |  | Nature of injury _____  |  |
| 14. BIRTHPLACE (city or town) <u>Madina County, Texas</u> (State or Country)  |                                  |   |  |  | 24. Was disease or injury in any way related to occupation of deceased? _____   |  |
| 15. MAIDEN NAME <u>Viola Jane Harvey</u>  |                                  |   |  |  | If so, specify _____  |  |
| 16. BIRTHPLACE (city or town) <u>Franklin County, Mississippi</u> (State or Country)  |                                  |   |  |  | Signed <u>Samuel B. Johnson</u> Registrar (Address) <u>Phoenix, Arizona</u>   |  |
| 17. INFORMANT <u>Sammuel B. Johnson</u> (Address) <u>400, Arizona</u>   |                                  |   |  |  | D. _____  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Mesa Cemetery</u> Date <u>4/19/40</u> , 19 _____  |                                  |   |  |  |   |  |
| 19. EMBALMER { License No. <u>196</u><br>Signature <u>[Signature]</u><br>FUNERAL DIRECTOR <u>Mortensen &amp; King Mortuary</u><br>Address <u>Phoenix, Arizona</u> |                                  |   |  |  |   |  |
| 20. Filed <u>4-20</u> , 19 <u>40</u> <u>Samuel Johnson</u> Registrar (Address) <u>Phoenix, Arizona</u>  |                                  |   |  |  |   |  |

5M 12-16-38 A.P. Form 3 100% Rag Back of Certificate to be used for any Additional Information