799

Dr. Kent

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

TANDARD CERTIFICATE OF DEATH
EPARTMENT OF COMMERCE
UREAU OF THE CENSUS

State File No. 224
Registrar's No. 19

Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits write RURAL) (c) Location Southside Hospital (St. & No. (or) Name of Institution)

d) Length of Stay: In Hospital or Institution 1 day; In Community 40 yrs. (Specify whether years, months or days); In Arizona 57 yrs.

Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa (If outside city limits write RURAL)

d) Street No. 135 W. 1st. Ave.; (e) If foreign born, in U. S. A. ..... yrs.

(a) FULL NAME Elsie Pamelia Kleinman (b) If veteran name war ..... (c) Social Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	White	Married

6. (b) Name of husband or wife: Dan H. Kleinman
6. (c) Age of husband or wife, if alive 66 yrs.

7. Birthdate of deceased Jan. 5, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	5	15	hrs. ..... min. .....

9. Birthplace Ogden, Utah (City, town or county) (State or Country)

0. Usual Occupation Housewife

1. Industry or Business Own home

12. Name Isaac P. Robinson
13. Birthplace England (City, town or county) (State or Country)

14. Maiden Name Elsie P. Stoddard
15. Birthplace England (City, town or county) (State or Country)

6. (a) Informant's own signature [signature]
(b) Address 135 W. 1st. Ave., Mesa

7. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 6-27-40 19

8. (a) Embalmer's Signature [signature] - 228-A
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

9. (a) 7/2/40 (Date received local Registrar)
(b) [signature] Scher Md (Registrar's Signature)

M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 20, 1940;
TIME (Hour and minute) 5 P. M.

21. I hereby certify that I attended the deceased from June 20th, 19.... to June 20th, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death multiple fractures + shock. Struck c̄ falling

Due to Bldg.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence June 20, 1940
(c) Where did injury occur? Mesa (City or Town) Maricopa (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)
While at work? No (e) Means of injury falling building

23. Signature [signature] M.D.
Address Mesa. Date signed 6-26-40