

2300

Dr. Jeff
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 219
Registrar's No. 58

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hosp.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community 4 yrs.; In Arizona 4 yrs.
(Specify whether years, months, or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits write RURAL)
(d) Street No. Rt. #2 Box 235
3. (a) FULL NAME Grace York (b) If veteran name war NO (c) Social Security No. NONE
(If NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Charley York</u>		6. (c) Age of husband or wife, if alive <u>55</u> yrs.
7. Birthdate of deceased <u>May 15, 1889</u> (Month) (Day) (Year)		
8. AGE: Years <u>51</u>	Months <u>4</u>	Days <u>12</u>
If less than one day hrs. min.		
9. Birthplace <u>Richhill No.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business		
12. Name <u>Peter Aspey</u>		
13. Birthplace <u>England</u> (City, town or county) (State or Country)		
14. Maiden Name <u>Elizabeth Maylen</u>		
15. Birthplace <u>England</u> (City, town or county) (State or Country)		
16. (a) Informant's own signature <u>Charley York</u> (b) Address <u>Mesa, Arizona</u>		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 27, 1940
TIME (Hour and minute) 6 A.M. M.

21. I hereby certify that I attended the deceased from March
1940 to Sept 27, 1940;
that I last saw her alive on Sept 27, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of Breast
(Carcinoma)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
<u>1 yr.</u>

PHYSICIAN
<u>Dr. Jeff</u>
Underline the cause to which death should be charged statistically.

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 9/28/40 1940

18. (a) Embalmer's Signature R. H. Dwyer 228-A
(b) Funeral Director Meldora Mortuary
(c) Address Mesa, Arizona

19. (a) 10-8-40
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [Signature] M.D.
Address Mesa Ariz. Date signed 10-8-40