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Dr. Meason

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 249  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Maricopa (b) City or Town Gilbert (c) Location \_\_\_\_\_  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 3 months; In Arizona 18 yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Payson  
(If outside city limits also write RURAL)  
(d) Street No. Payson, Arizona; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Sarah Emma Land (b) If veteran name was \_\_\_\_\_ (c) Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed  
6. (b) Name of husband (Deceased) John A. Land (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Aug. 25, 1959  
(Month) (Day) (Year)  
8. AGE: Years 81 Months 7 Days 28 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Benton Co., Arkansas  
(City, town or county) (State or Country)  
10. Usual Occupation Housewife  
11. Industry or Business at home  
12. Name Thomas Brinson  
13. Birthplace Unknown  
(City, town or county) (State or Country)  
14. Maiden Name Elizabeth Phelon  
15. Birthplace Unknown  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Frank D Land  
(b) Address Gen. Del. Gilbert, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Mesa, Ariz. (c) Date 4-28-41 19\_\_\_\_  
18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director Meldrum Mortuary  
(c) Address Mesa, Arizona  
19. (a) May 10, 1941  
(Date received local Registrar)  
(b) Dr. M. Meason  
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 22, 1941  
TIME (Hour and minute) 4:30 P.  
21. I hereby certify that I attended the deceased from 3-23-41  
to 4-21-41 19\_\_\_\_  
that I last saw her alive on 4-21-41 19\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis  
Due to Arteriosclerosis  
Pressure cerebral cortex

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

4-21-41  
4-22-41  
5K

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) \_\_\_\_\_  
(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 [Signature] Date signed 4-28-41