2473

Hartman

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 226
Registrar's No. 131

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 135 So. Mesa Drive (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution -- ; In Community 10 yrs. (Specify whether years, months or days) ; In Arizona 60 yrs.
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Mesa (If outside city limits also write RURAL)
(d) Street No. 135 So. Mesa Drive ; (e) If foreign born, in U. S. A. ..... yrs.
3. (a) FULL NAME Thomas Rowell Hamblin (b) If veteran name war -- (c) Social Security No. None (If NONE write the word)

131

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

6. (b) Name of husband or wife: Elizabeth Ann Hamblin
6. (c) Age of husband or wife, if alive 76 yrs.

7. Birthdate of deceased April 6, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	16	hrs. ..... min. .....

9. Birthplace Santa Clara, Utah (City, town or county) (State or Country)
10. Usual Occupation Retired
11. Industry or Business unknown

Father
12. Name William H. Hamblin
13. Birthplace unknown (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Leavett
15. Birthplace unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Albert L. Hamblin
(b) Address Los Angeles, Calif.

17. (a) Burial, Cremation or Removal ~~Pima,~~ Removal
(b) Place Pima, Arizona (c) Date 8/26/41 19.....

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

19. (a) 8-25-41 (Date received local Registrar)
(b) Geo. C. Truman Sec. D. (Registrar's Signature) [signature]

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 22, 1941, 19.....;
TIME (Hour and minute) 9:30 p.m.

21. I hereby certify that I attended the deceased from Aug 11th 1941, 19..... to Aug 22, 1941;
that I last saw him alive on Aug 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Acute Nephritis (Interstitial)

Due to Chronic Nephritis

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

DURATION
48 hrs.
2 weeks.
5 yrs.

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 Mesa Date signed 8/25/41