1896

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 315 ✓
Registrar's No. 87

1. Place of Death: (a) County Maricopa (b) City or Town Glendale (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 1 Yr. (Specify whether years, months or days) ; in Arizona 20 Yrs.
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Glendale Ariz (If outside city limits also write RURAL)
(d) Street No. Box, 926. Glendale ; (e) Citizen of foreign country (yes or No) No
If Yes, which country
3. (a) FULL NAME Lillian May Sanders (b) If Veteran name war ✓ (c) Social Security No. ✓

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

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased July, (Month) 30. (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
64	4	26	hrs. ..... min. .....

9. Birthplace Glenwood Sevier Utah (City, town or county) (State or Country)
10. Usual Occupation At Home
11. Industry or Business
Father: 12. Name Joseph B. Jackson
13. Birthplace Lancaster England (City, town or county) (State or Country)
Mother: 14. Maiden Name Mary Emily Beckstead
15. Birthplace Ogden Utah (City, town or county) (State or Country)
16. (a) Informant's own signature B. J. Sanders
(b) Address Holbrook Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place Duncan Ariz (c) Date Dec 29 1942
18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen Kingsley.
(c) Address 1020 W. Washington St.
19. (a) Dec 27, 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 26, 1942, 19.....;
TIME (Hour and minute) 8:25 P.m. M.
21. I hereby certify that I attended the deceased from 12-26-42, 19..... to 12-26, 1942
that I last saw her alive on 12-26-, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to
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)
(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 Glendale Date signed 12-27-42

20M 100% Rag 8-42 B. Co. County File No. Date Received