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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

274

State File No.
Registrar's No. 43

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

(d) Length of Stay: In Hospital or Institution 4 days; In Community 13 Yrs (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 Mesa (Rural) (If outside city limits also write RURAL)

(d) Street No. Rt. # Mesa, Arizona; (e) Citizen of foreign country (yes or No) no If Yes, which country

3. (a) FULL NAME John Reese Evans (b) If Veteran name war — (c) Social Security No. none

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

6. (b) Name of husband or wife: Minnie May Evans 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased June 16, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	2	hrs. min.

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

10. Usual Occupation Farming

11. Industry or Business

Father
12. Name Reese Evans
13. Birthplace Wales (City, town or county) (State or Country)

Mother
14. Maiden Name Sarah Imlay
15. Birthplace Wales (City, town or county) (State or Country)

16. (a) Informant's own signature John Reese Evans
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 2/19/43 19

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

19. (a) Feb. 20 1943 (Date received local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 18, 1943, 19; TIME (Hour and minute) 10:45 A.M. M.

21. I hereby certify that I attended the deceased from 2-14-43, 19 to 2-18-43, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
2 months

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 [illegible] M. D.
Address Mesa Ariz. Date signed 2-20-43

20M 100% Rag 8-42 B. Co.

County File No. Date Received