

1582

Hartmen
STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 165
Registrar's No. 87

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 445 E. 2 Ave.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution home In Community 10 Yrs. in Arizona 65 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 also write RURAL)
(d) Street No. 445 E. 2nd Ave. Mesa, Ariz. (e) Citizen of foreign country (yes or No) NO
3. (a) FULL NAME Eliza Olive Mangum (b) If Veteran name war NO (c) Social Security No. None

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased July 4, 1857
(Month) (Day) (Year)
8. AGE: Years 85 Months 9 Days 4 If less than one day hrs. min.

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

10. Usual Occupation at home

11. Industry or Business _____

Father { 12. Name William Hines Hamblin
13. Birthplace Utah
(City, town or county) (State or Country)

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

16. (a) Informant's own signature Mary Boyd
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Pima, Arizona (c) Date 4/10/43

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

19. (a) April 10, 1943
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) April 8, 1943, 19____ M.
TIME (Hour and minute) 1 A.M.

21. I hereby certify that I attended the deceased from Apr 10
_____, 1943 to April 8, 1943;
that I last saw her alive on April 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Disease

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

Of autopsy _____

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 4/10/43

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically