2077

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1417
Registrar's No. 939

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

(d) Length of Stay: In Hospital or Institution 1 Month; In Community 11 Years (Specify whether years, months or days); in Arizona 11 Years

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. 146 S. MacDonald, Mesa; (e) Citizen of foreign country (yes or No) ____ If Yes, which country ____

3. (a) FULL NAME Calvin Randolph Calhoun (b) If Veteran name war ____ (c) Social Security No. ____

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

7. Birthdate of deceased Dec 23, 1931 (Month) (Day) (Year)

8. AGE: Years 11 | Months 5 | Days 18 | If less than one day hrs. ____ min. ____

9. Birthplace Tempe, Arizona (City, town or county) (State or Country)

10. Usual Occupation Student

11. Industry or Business ____

Father
12. Name Fred C. Calhoun
13. Birthplace Clifton, Idaho (City, town or county) (State or Country)

Mother
14. Maiden Name Leona Godfrey
15. Birthplace ? (City, town or county) S. D. (State or Country)

16. (a) Informant's own signature Fred C. Calhoun
(b) Address 146 S. MacDonald, Mesa

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa Cem. (c) Date June 11, 19 43

18. (a) Embalmer's Signature Henry T. Torman
(b) Funeral Director Henry T. Torman
(c) Address Arizona Funeral Home

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 9, 19 43;
TIME (Hour and minute) 9:40 A. M.

21. I hereby certify that I attended the deceased from 5-30, 1943 to 6-9, 1943; that I last saw him alive on 6-8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Stenosis — DURATION 6 yrs
Due to: Aortic Stenosis — "
Due to: Rheumatic fever — "
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations ____
Of autopsy: Cardiac Hypertrophy, Congestion of liver, lungs, spleen

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 Kenneth E. Peterson M. D.
Address 7 W. McDowell, Phoenix Date signed 6-9-43

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

County File No. ____ Date Received ____