

2017

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. *186*

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location West 8th Ave.
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
 (d) Length of Stay: In Hospital or Institution ---; In Community 60 yrs.; In Arizona 60 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. West 8th Ave., Mesa, Ariz.; (e) Citizen of foreign country (Yes or No) NO
 If Yes, which country _____ (f) Social Security No. _____

3. (a) FULL NAME Walter P. Hill (b) If Veteran name war NO (c) Social Security No. _____

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

6. (b) Name of husband Walter B. Hill 6. (c) Age of husband 63
 or wife, if alive, yrs.

7. Birthdate of deceased Feb. 1, 1880
 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 0 If less than one day
 hrs. _____ min. _____

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

10. Usual Occupation Mining Prospector

11. Industry or Business Own claims

12. Name William B. Hill

13. Birthplace Glasgow, Scotland
 (City, town or county) (State or Country)

14. Maiden Name Anna Nechan

15. Birthplace Ohio
 (City, town or county) (State or Country)

16. (a) Informant's own signature Walter B. Hill
 (b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
 (b) Place Mesa, Ariz. Date 10-4-43

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

19. (a) Oct. 8, 1943
 (Date received Local Registrar)

(b) [Signature]
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 1, 1943 10:30 A.M.

21. I hereby certify that I attended the deceased from Nov. 30, 1942 to Oct. 1, 1943
 that I last saw him alive on Sept. 28, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Lungs

Due to Carcinoma of Larynx

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION 3 Mos.

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 [Address] Date signed 10/6/43