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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 153
Registrar's No. 1845

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Jagoe Rest Home (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 11 months; In Community 8 yrs. (Specify whether years, months or days); In Arizona 8 yrs
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. Phoenix, Arizona; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Elizabeth A. Locke (b) If Veteran name war -- (c) Social Security No. none

4. Sex Female
5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ 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 July 4, 1856 (Month) (Day) (Year)
8. AGE: Years 87 Months 5 Days 1 If less than one day hrs. ..... min. .....
9. Birthplace Pittsburg, Penn. (City, town or county) (State or Country)
10. Usual Occupation School teacher
11. Industry or Business retired
Father 12. Name Gilbert H. Locke
13. Birthplace Ireland (City, town or county) (State or Country)
Mother 14. Maiden Name Margaret Shaw
15. Birthplace Ireland (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs. Winona Brookbank
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Mesa, Arizona (c) Date 12/5/43 19
18. (a) Embalmer's Signature [signature]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) DEC 9 1943 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 5, 1943; TIME (Hour and minute) 9 A.M. M.
21. I hereby certify that I attended the deceased from June 14, 1943 to June 14, 1943; that I last saw her alive on 6-14, 1943; and that death occurred on the date and hour stated above.
Immediate cause of death Chr. myocardosis & valvular degeneration
Due to
Due to
Other conditions Mental degeneration (Include pregnancy within 3 months of death)
Major findings: Of operations
Not autopsy

DURATION: several years
" "
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 10 E. Monroe Date signed 12-6-43

18 30M—100% Rag—5/21/43