ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 359
Registrar's No. 3014

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

(d) Length of Stay: In Hospital or Institution 5 days; In Community 17 years; In Arizona 17 years (Specify whether years, months or days)

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. 408 No. 20th St., Apt. 206; (e) Citizen of foreign country (Yes or No) No; If Yes, which country

3. (a) FULL NAME Josephine Boll (b) If Veteran name war (c) Social Security No.

4. Sex: Female

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

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 Aug. (Month) 8 (Day) 1856 (Year)

8. AGE: Years 87 | Months 4 | Days 21 | If less than one day hrs. ... min.

9. Birthplace Springfield (City, town or county) Illinois (State or Country)

10. Usual Occupation At Home

11. Industry or Business

Father: 12. Name James Horton; 13. Birthplace unknown (City, town or county) (State or Country)

Mother: 14. Maiden Name Rebecca Morton; 15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Co Records

(b) Address

17. (a) Burial, Cremation or Removal burial

(b) Place St Francis (c) Date 1-3-44 19

18. (a) Embalmer's Signature Leo Nussbaum

(b) Funeral Director Whitney Funeral Home

(c) Address 330 N 2 Ave., Phoenix, Arizona

19. (a) JAN 5 - 1944 (Date received Local Registrar)

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

18—30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 29, 1943;

TIME (Hour and minute) 6:00 P. M.

21. I hereby certify that I attended the deceased from December 24, 1943 to December 29, 1943; that I last saw her alive on December 29, 1943; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death: Bronchopneumonia	5 days
Due to: Degenerative heart disease	—
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes	Unknown

Major findings:
Of operations
Of autopsy

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 Maricopa Co. Hospital Date signed 12-30-43