

1712

STANDARD CERTIFICATE OF DEATH
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 432 Johnson St.
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Mesa
 (Specify whether years, months or days) (If outside city limits also write RURAL)

3. (a) FULL NAME CHARLES LEWIS ALLEN (b) If Veteran name war. None (c) Citizen of foreign country (Yes or No) NO
 If Yes, which country None (d) Social Security No. None

4. Sex Male 5. Race White Indian Negro Oriental White

6. (a) Single, married, widowed or divorced Single (b) Name of husband or wife _____ (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased May 20, 1865

8. AGE: Years 78 Months 8 Days 8 (Day) (Year) If less than one day hrs. min.

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

10. Usual Occupation Retired laborer

11. Industry or Business Farm

12. Name Charles H. Allen
 13. Birthplace New York
 (City, town or county) (State or Country)

14. Maiden Name Adelaide Hopkins Hoopes
 15. Birthplace Ohio
 (City, town or county) (State or Country)

16. (a) Informant's own signature John S. Allen
 (b) Address 48 W. 2 St. Mesa, Ariz.

17. (a) Burial, Cremation or Removal Burial
 (b) Place Mesa, Ariz. (c) Date Feb. 11, 44

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

19. (a) Feb. 15, 1944
 (Date received Local Registrar)
 (b) [Signature]
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 8, 1944 19____ M.
 TIME (Hour and minute) 5 A.M.

21. I hereby certify that I attended the deceased from _____ to _____
DID NOT SEE ALIVE
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death
Probably:::
Coronary Thrombosis

Due to Senility

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? RA. B. J. (e) Means of injury _____

23. Signature RA. B. J. JUSTICE OF PEACE
 Address Mesa, Arizona Date signed 2/11/44 D.

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically