Kent

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 261
Registrar's No. 86

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 141 E. 2nd. Ave. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution home; In Community 43 yrs. (Specify whether years, months or days); In Arizona 66 yrs.

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. 141 East 2nd. Ave.; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Cassius Morgan Brimhall (b) If Veteran name war --- (c) Social Security No. None

4. Sex: Male

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

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Lisania Brimhall

6. (c) Age of husband or wife, if alive 71 yrs.

7. Birthdate of deceased April 29, 1870 (Month) (Day) (Year)

8. AGE: Years 73 | Months 11 | Days 22 | If less than one day hrs. ___ min. ___

9. Birthplace Boise, Idaho (City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business Retired

Father
12. Name Noah Brimhall
13. Birthplace Missouri (City, town or county) (State or Country)

Mother
14. Maiden Name Levina Jones
15. Birthplace Wales (City, town or county) (State or Country)

16. (a) Informant's own signature Lisania Brimhall
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 4-24-44 19

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

19. (a) 5-10-44 (Date received Local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 20, 1944
TIME (Hour and minute) 4 P. M.

21. I hereby certify that I attended the deceased from 4-1-44, 19 to 4-20-44, 19; that I last saw h. i. M. alive on 4-19-44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — DURATION 10 days.

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

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 [illegible] M. D.
Address Mesa, Ariz. Date signed 5-1-44

18 30M—100% Rag—5/21/43