

960

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

316

State File No. \_\_\_\_\_

Registrar's No. 978

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

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

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Chandler  
(If outside city limits also write RURAL)

(d) Street No. Green Creek St. 1 mile So. and 1 Mile west.; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Zelda Lawham Abbott. (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 Married

6. (b) Name of husband or wife Henry Abbott 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased June 15th 1912  
(Month) (Day) (Year)

8. AGE: Years 32 Months 19 Days \_\_\_\_\_ If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

Father } 12. Name A. Lawham Deceased  
13. Birthplace Unknown  
(City, town or county) (State or Country)

Mother } 14. Maiden Name Lizzie Jenkins  
15. Birthplace Unknown Deceased  
(City, town or county) (State or Country)

16. (a) Informant's own signature Henry Abbott  
(b) Address Highway, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place West (c) Date 5-29-1944

18. (a) Embalmer's Signature Loren V. Gutierrez  
(b) Funeral Director Loren V. Gutierrez  
(c) Address 404 Center St. Mesa, Ariz.

19. (a) June 5 - 1944  
(Date received Local Registrar)  
(b) Dr. Carl J. Hughes  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 28, 19 44 ;  
TIME (Hour and minute) 11:40 P.M. M.

21. I hereby certify that I attended the deceased from Jan 27, 1944  
\_\_\_\_\_, 19\_\_\_\_ to May 28, 19 44 ;  
that I last saw her alive on May 27, 19 44 ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Abscess  
Due to Ca of colon  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

Unknown  
Unknown

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 Loren V. Gutierrez M. D.  
Address Maricopa Co. Hospital Date signed 5/29/44