1393

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 124A
Registrar's No. 174

1. Place of Death: (a) County Maricopa (b) City or Town Mesa. (If outside city limits also write RURAL) (c) Location South Side Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community 2 days. (Specify whether years, months or days); In Arizona 28 yrs.
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Mari; (c) City or Town Tempe. (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Martha Jane Wimberley Bunch. (b) If Veteran name war (c) Social Security No.

4. Sex F e
5. Race White ☑ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced married.
6. (b) Name of husband or wife Joseph L. Bunch.
6. (c) Age of husband or wife, if alive 33 yrs.
7. Birthdate of deceased June (Month) 9 (Day) 1914 (Year)
8. AGE: Years 29 Months 11 Days 24 If less than one day hrs. min.
9. Birthplace Mexico City (City, town or county) Mexico (State or Country)
10. Usual Occupation housewife
11. Industry or Business —
Father 12. Name Wimberley
13. Birthplace Va (City, town or county) (State or Country)
Mother 14. Maiden Name Della Payne
15. Birthplace Texas (City, town or county) (State or Country)
16. (a) Informant's own signature Joseph L. Bunch
(b) Address Tempe, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Double Butte Tempe (c) Date June 6 1944
18. (a) Embalmer's Signature E. P. Carr
(b) Funeral Director E. P. Carr
(c) Address 26 E 5th St. Tempe Arizona
19. (a) 8-25-49 (Date received Local Registrar)
(b) Joe Muldrum (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 2, 1944
TIME (Hour and minute) about 7:30 a. M.
21. I hereby certify that I attended the deceased from May 27, 1944 to June 2, 1944 that I last saw her alive on June 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Atrophic Cirrhosis
Due to liver
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy Atrophic Cirrhosis of liver

DURATION ?

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 Geo. B. Irwin M. D.
Address Tempe Ariz. Date signed 5-25-49

40M—100% Rag—6-10-44