

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 147

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 508 S. Macdonald
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution) 63 Yrs

(d) Length of Stay: In Hospital or Institution Home ; In Community 18 Yrs. ; In Arizona 63 Yrs
(Specify whether years, months or days)

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. 508 S. Macdonald ; (e) Citizen of foreign country (Yes or No) NO
(If Yes, which country)

3. (a) FULL NAME LUCY A. TAYLOR (b) If Veteran name war None (c) Social Security No. None

4. Sex Female 5. Race White Indian Negro Oriental White 6. (a) Single, married, widowed or divorced Married 6. (c) Age of husband or wife, if alive 66 yrs.

6. (b) Name of husband or wife Frank R. Taylor

7. Birthdate of deceased Sept. 19, 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 16 If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business Home

12. Name James A. McBride
Father 13. Birthplace Kirkland, Ohio
(City, town or county) (State or Country)

14. Maiden Name Elizabeth Clark
Mother 15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature Frank R. Taylor
(b) Address 508 S. Macdonald, Mesa, Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Pima, Arizona (c) Date 6/7/44 1944

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

19. (a) 6-5-44 (Date received Local Registrar)
(b) John M. ... (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) June 5, 1944
TIME (Hour and minute) 4:15 A.M.

21. I hereby certify that I attended the deceased from June 1st 1944 to June 4 1944
that I last saw her alive on June 4th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De-compensation
Due to Hemiplegia
Due to Cardio Renal Disease
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION
<u>3 days</u>
<u>4 days</u>
<u>20 years</u>

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? Means of injury

23. Signature Dr. ... M. D.
Address Mesa, Ariz. Date signed 6/5/44