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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 216
Registrar's No. 177

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

(d) Length of Stay: In Hospital or Institution Stillborn; In Community ; In Arizona (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. ; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME Unnamed baby of; ~~Mr. and Mrs. Donald B. Guthrie~~ (b) If Veteran name war (c) Social Security No. none

4. Sex: Female
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ — White
6. (a) Single, married, widowed or divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ....yrs.
7. Birthdate of deceased Oct. 22, 1944 (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day hrs. min.
Stillborn
9. Birthplace Mesa, Arizona (City, town or county) (State or Country)
10. Usual Occupation none
11. Industry or Business
Father 12. Name Donald B. Guthrie
Father 13. Birthplace Mesa, Arizona (City, town or county) (State or Country)
Mother 14. Maiden Name LaVerne Clubb
Mother 15. Birthplace Gilbert, Arizona (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs. Daniel B. Guthrie
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date Oct. 23, 1944
18. (a) Embalmer's Signature C. Sherman Gaulette
(b) Funeral Director M. L. Gibbons
(c) Address Mesa, Arizona
19. (a) Nov Dec 2, 1944 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 22, 1944, 19 ;
TIME (Hour and minute) 5:00 A. M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

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

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 [signature] M. D.
Address Mesa, Ariz. Date signed 10-28-44

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