

773

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 254 ✓  
Registrar's No. 1771 ✓  
St. Monica's Hosp.

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location St. Monica's Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 1 day; In Community 6 days; In Arizona 65 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. 423 Kimball St. Mesa, Ariz.; (e) Citizen of foreign country (Yes or No) NO  
3. (a) FULL NAME Mariam Dalton Hancock (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 Widow  
6. (b) Name of husband or wife 6. (c) Age of husband or wife, if alive yrs.  
7. Birthdate of deceased Feb. 1, 1864  
(Month) (Day) (Year)  
8. AGE: Years 80 Months 6 Days 28 If less than one day hrs. min.  
9. Birthplace Virgin City, Utah  
(City, town or county) (State or Country)  
10. Usual Occupation at home  
11. Industry or Business  
12. Name John Dalton  
13. Birthplace Gladford, Penn.  
(City, town or county) (State or Country)  
14. Maiden Name Ann Casbourn  
15. Birthplace England  
(City, town or county) (State or Country)

16. (a) Informant's own signature O.P. Hancock  
(b) Address Mesa, Ariz.

17. (a) Burial, Cremation or Removal Removal  
(b) Place Mesa, Ariz. (c) Date 11-1-44

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

19. (a) NOV 14 1944  
(Date received Local Registrar)  
(b) Dr. Louis J. Hughes  
(Registrar's Signature) M.M.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 29, 1944 19  
TIME (Hour and minute) 12. P.M. M.  
21. I hereby certify that I attended the deceased from Oct 28, 1944 to Oct 29, 1944  
that I last saw him alive on Oct 29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis  
Due to Scurvy  
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 [Address] Date signed 11-7-44