

2039

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 368/  
Registrar's No. 152

1. Place of Death: (a) County Mohave (b) City or Town HINGMAN (c) Location Mohave Genl Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 10 min; In Community 34 yrs; In Arizona 34 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town HINGMAN  
(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 Anna Eddie Wilson (b) If Veteran name war \_\_\_\_\_ (c) Social Security No 526-05-0495

4. Sex Female 5. Race White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased November 26, 1893  
(Month) (Day) (Year)  
8. AGE: Years 51 Months 1 Days 1 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Pioche Nevada  
(City, town or county) (State or Country)  
10. Usual Occupation Telephone Operator & Housewife  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name John Meloy  
13. Birthplace Bellamont, Ireland  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Anna Eddie ROE  
15. Birthplace Steven's Point, Wisconsin  
(City, town or county) (State or Country)

16. (a) Informant's own signature Minnie A. Smith  
(b) Address 336 West Lynwood Phoenix, Ariz.  
17. (a) Burial, Cremation or Removal BURIAL  
(b) Place HINGMAN (c) Date Dec 31, 1944  
18. (a) Embalmer's Signature William H. Peck  
(b) Funeral Director Vahmeyer Mortuary  
(c) Address HINGMAN ARIZ.  
19. (a) 12-29-44  
(Date received Local Registrar)  
(b) Mae Emery  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) 12-27, 1944  
TIME (Hour and minute) 4:30 P.M.  
21. I hereby certify that I attended the deceased from 1936, 1936 to 12-27, 1944  
that I last saw him alive on 12-27, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocardial infarction  
Due to arteriosclerosis  
Due to arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
DURATION 5  
8 yr  
8 yr  
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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature Wm. H. Peck M. D. Date signed 12-28-44  
Address \_\_\_\_\_