1486

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 232
Registrar's No. 618

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1945 W. Washington (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 27 years ; In Arizona 69 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. 1945 West Washington ; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
(b) If Veteran name war ----- (c) Social Security No. none

3. (a) FULL NAME EFFIE KIMBALL MERRILL

4. Sex Female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife O. D. Merrill
6. (c) Age of husband or wife, if alive 89 yrs.
7. Birthdate of deceased May (Month) 4, (Day) 1869 (Year)
8. AGE: Years 77 Months 11 Days 11 If less than one day hrs. min.
9. Birthplace Salt Lake City, Utah (City, town or county) (State or Country)
10. Usual Occupation At home
11. Industry or Business
Father 12. Name David P. Kimball
13. Birthplace Nauvoo, Illinois (City, town or county) (State or Country)
Mother 14. Maiden Name Caroline William
15. Birthplace Nauvoo, Illinois (City, town or county) (State or Country)
16. (a) Informant's own signature O. D. Merrill
(b) Address 1945 West Washington
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date April 19 19 45
18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen-Kingsley Mortuary
(c) Address 1020 West Washington
19. (a) April 18-1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 16, 1945;
TIME (Hour and minute) 7:15 A. M.
21. I hereby certify that I attended the deceased from October 30, 1944 to April 16, 1945;
that I last saw her alive on April 13, 1945;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion
Due to Coronary sclerosis
Due to Hypertension and general arteriosclerosis
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
10 months
years
years

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 414 Prof. Bldg. Date signed 4/17/45

40M—100% Reg—6-10-44