2728

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 288

Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

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

(d) Length of Stay: In Hospital or Institution ; In Community 15 Years (Specify whether years, months or days) ; In Arizona 15 Years

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Higley (Rural) (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 Ansel Lee Van Horn (b) If Veteran name war NO (c) Social Security No. None

4. Sex Male

5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ White

6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Adelaide

6. (c) Age of husband or wife, if alive 59 yrs.

7. Birthdate of deceased Dec. (Month) 20 (Day) 1878 (Year)

8. AGE: Years 66 Months 4 Days 8 If less than one day hrs. min.

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

10. Usual Occupation Medical Doctor (Retired)

11. Industry or Business

Father { 12. Name O. Van Horn
13. Birthplace Pa. (City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown
15. Birthplace " " (City, town or county) (State or Country)

16. (a) Informant's own signature Adelaid Van Horn

(b) Address Higley Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Mesa Arizona (c) Date 6-30 1945

18. (a) Embalmer's Signature M.L. Gibbons

(b) Funeral Director M.L. Gibbons

(c) Address Mesa Arizona

19. (a) 7/3/45 (Date received Local Registrar)

(b) Jas. M. Mesa (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 28, 1945

TIME (Hour and minute) 9:45 P.M.

21. I hereby certify that I attended the deceased from 11-1, 1944 to 6-28, 1945 and that I last saw him alive on 6-28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Dilitation & Decompensation of Heart

Due to Mitral Regurgitation

Due to ok

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION 1 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? (e) Means of injury

23. Signature Jas. M. Mesa M. D.

Address Mesa Date signed 7-6-45

40M—100% Rag—6-10-44