STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. 116
Registrar's No. 121

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 155 Pasadena (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution Home; In Community All life (Specify whether years, months or days); In Arizona All Life

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Maricopa; (c) City or Town Mesa (If outside city limits also write RURAL)

(d) Street No. 155 Pasadena; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Grace Melissa Brundage (b) If Veteran name war no (c) Social Security No. none

4. Sex: Female
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: E. E. Brundage
6. (c) Age of husband or wife, if alive 52 yrs.
7. Birthdate of deceased May 3, 1895 (Month) (Day) (Year)
8. AGE: Years 50 Months 2 Days 0 If less than one day hrs. min.
9. Birthplace Mesa, Ariz. (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home

Father
12. Name Sidney P. Lamb
13. Birthplace Southern, Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Julia Ellis Babbett
15. Birthplace St. George, Utah (City, town or county) (State or Country)

16. (a) Informant's own signature E. E. Brundage
(b) Address 155 Pasadena Mesa, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 7/5/45 19

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

19. (a) 7-12-45 (Date received Local Registrar)
(b) [illegible] (Registrar's Signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 3, 1945, 19; TIME (Hour and minute) 11:30 A. M.

21. I hereby certify that I attended the deceased from June 1943 to July 3 1945, 19, that I last saw alive on July 3 1945, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation — DURATION

Due to Hepatic Carcinoma

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

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 [illegible] M. D.
Address [illegible] Date signed 7-7-45

40M—100% Rag—6-10-44