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Dr. Stroud

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

182

State File No. 155
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location No. Mesa Blvd. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home; In Community 16 yrs. (Specify whether years, months or days); In Arizona 63 yrs..
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. No. Mesa Blvd.
(e) Citizen of foreign country (Yes or No) No
If Yes, which country
3. (a) FULL NAME Musetta Saline Johnson (b) If Veteran name war No (c) Social Security No. None

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 Wm. E. Johnson
6. (c) Age of husband or wife, if alive 70 yrs.
7. Birthdate of deceased May 9, 1882 (Month) (Day) (Year)
8. AGE: Years 63 | Months 3 | Days 1 | If less than one day hrs. min.
9. Birthplace Forest Dale, Arizona (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name John Saline
13. Birthplace Finland (City, town or county) (State or Country)
Mother 14. Maiden Name Susanah Rebecca Osborn
15. Birthplace England (City, town or county) (State or Country)
16. (a) Informant's own signature Wm. E. Johnson
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Pima, Ariz. (c) Date 8-14-45 19
18. (a) Embalmer's Signature [signature]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) Aug. 14, 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 10, 1945;
TIME (Hour and minute) 11:20 A. M.
21. I hereby certify that I attended the deceased from Oct 8 th, 1945 to Aug 10, 1945; that I last saw her alive on Aug 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Coronary Sclerosis
Due to Brain Hemorrhage (Hemiplegia)
Due to Hypertensive Heart Disease
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
16 hrs
10 mos
8 yrs

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 Tempe Date signed 8/13/45

40M—100% Rag—6-10-44