2094

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 310
Registrar's No. 128

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

(d) Length of Stay: In Hospital or Institution 1 da; In Community 1 da (Specify whether years, months or days); In Arizona 36 yrs

2. Usual Residence of Deceased: (a) State ARIZONA; (b) County MARICOPA; (c) City or Town Phoenix R. (If outside city limits also write RURAL)

(d) Street No. 16th St & Southern Ave; (e) Citizen of foreign country (Yes or No)..... If Yes, which country.....

3. (a) FULL NAME TRUMAN HOPKINS (b) If Veteran name war..... (c) Social Security No. Unknown

4. Sex: MALE

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: SINGLE

6. (b) Name of husband or wife

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

7. Birthdate of deceased DEC. 27, 1879 (Month) (Day) (Year)

8. AGE: Years 66 | Months 7 | Days 2 | If less than one day hrs.....min.....

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

10. Usual Occupation MECHANICAL ENGINEER

11. Industry or Business

Father
12. Name UNKNOWN
13. Birthplace UNKNOWN (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 ART BECK
(b) Address BOX 393, TEMPE, ARIZ.

17. (a) Burial, Cremation or Removal REMOVAL
(b) Place LEWISBURG, TENN. Date JULY 31, 1946

18. (a) Embalmer's Signature E. O. Carr Jr
(b) Funeral Director CARR MORTUARY
(c) Address TEMPE, ARIZ.

19. (a) Aug. 5, 1946 (Date received Local Registrar)
(b) Jess Muldrum (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) JULY 29, 1946;
TIME (Hour and minute) 3:10 P.M. M.

21. I hereby certify that I attended the deceased from July 28, 1946 to July 29, 1946; that I last saw him alive on July 29, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriole Sclerotic Myocarditis
Terminal Uremia
Due to Generalized arteriole sclerosis
Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations
Of autopsy

DURATION
5 yrs.
2 wks.

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 J. W. Westervelt M. D.
Address Tempe Ariz. Date signed 7-31-46

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