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Dr. Allen

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 108
Registrar's No. 106

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

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

(d) Length of Stay: In Hospital or Institution 5 days (Specify whether years, months or days); In Community 22 yrs.; In Arizona 61 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. 52 So. Pomeroy St.; (e) Citizen of foreign country (Yes or No) No; If Yes, which country

3. (a) FULL NAME Abigail Ann Hatch (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: Heber A. Hatch

6. (c) Age of husband or wife, if alive 79 yrs.

7. Birthdate of deceased March 13, 1872 (Month) (Day) (Year)

8. AGE: Years 75 | Months 2 | Days 19 | If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business at home

Father: 12. Name Edward Milo Webb; 13. Birthplace Lyndon Co., Mo. (City, town or county) (State or Country)

Mother: 14. Maiden Name Ellen Ashlan; 15. Birthplace England (City, town or county) (State or Country)

16. (a) Informant's own signature Heber A. Hatch (b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial (b) Place Mesa, Arizona (c) Date 6-4-47 19

18. (a) Embalmer's Signature R. N. Day (b) Funeral Director Meldrum Mortuary (c) Address Mesa, Arizona

19. (a) June 10 1947 (Date received Local Registrar) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 1, 1947; TIME (Hour and minute) 12:15 P. M.

21. I hereby certify that I attended the deceased from May 27, 1947 to June 1, 1947 that I last saw her alive on June 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — DURATION 3 days

Due to Possible Pneumococcus

Due to Cerebral hemorrhage

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 [signature] M.D. Address Mesa Ariz Date signed 6-10-47

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