4582

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

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

State File No. 315
Registrar's No. 215

1. Place of Death: (a) County MARICOPA (b) City or Town MESA (If outside city limits also write RURAL) (c) Location 213 S. MESA DR. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution —; In Community 28 yrs. (Specify whether years, months or days); In Arizona 60 yrs.
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. 213 S. MESA DRIVE; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country —
3. (a) FULL NAME DELLA JANE JOHNSON (b) If Veteran name war — (c) Social Security No. —

4. Sex F
5. Race White ☑ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced MARRIED
6. (b) Name of husband ~~or wife~~ ELLIS
6. (c) Age of husband or wife, if alive 75 yrs.
7. Birthdate of deceased APRIL (Month) 19 (Day) 1887 (Year)
8. AGE: Years 60 Months 8 Days 3 If less than one day hrs. — min. —
9. Birthplace TAYLOR (City, town or county) ARIZONA (State or Country)
10. Usual Occupation HOUSEWIFE
11. Industry or Business OWN HOME
Father 12. Name HIRIAM A. WILLIS
13. Birthplace TOQUERVILLE (City, town or county) UTAH (State or Country)
Mother 14. Maiden Name LOLA M. PEARCE
15. Birthplace UNKNOWN (City, town or county) UTAH (State or Country)
16. (a) Informant's own signature Mildred Kleinman
(b) Address Coolidge, Ariz.
17. (a) Burial, ~~Cremation~~ or ~~Removal~~ BURIAL
(b) Place TAYLOR, ARIZ. (c) Date DEC 24, 1947
18. (a) Embalmer's Signature Dan Hacker
(b) Funeral Director MELCHER-HACKER
(c) Address 40 N CENTER ST. MESA, ARIZ.
19. (a) 12-24-47 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) DEC 22, 1947;
TIME (Hour and minute) 11:00 P.M.
21. I hereby certify that I attended the deceased from 1-1-47, 19__ to 12-22-47, 19__;
that I last saw her alive on 12-18-47, 19__;
and that death occurred on the date and hour stated above.
Immediate cause of death Ca of Lung.
Due to
Due to
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 [signature] M. D.
Address Mesa, Ariz. Date signed 12-24-47

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