Dr. Bryant

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 117
Registrar's No. 5

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 135 So. Morris (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution home; In Community 56 yrs. (Specify whether years, months or days); In Arizona 66 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. 135 So. Morris St.; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Julia Ellise Brizzee (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: Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased April 6, 1872 (Month) (Day) (Year)

8. AGE: Years 75 | Months 8 | Days 26 | If less than one day hrs. ____ min. ____

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

10. Usual Occupation at home

11. Industry or Business

Father: 12. Name Don Carlos Babbitt
13. Birthplace Council Bluff, Iowa (City, town or county) (State or Country)

Mother: 14. Maiden Name Melissa Almera Johnson
15. Birthplace Council Bluff, Iowa (City, town or county) (State or Country)

16. (a) Informant's own signature Phyllis Brizzee
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 1-5-48 19

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

19. (a) 1-13-48 (Date received Local Registrar)
(b) [illegible] (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 1, 1948;
TIME (Hour and minute) 9 P. M.

21. I hereby certify that I attended the deceased from Aug, 1947 to Jan 1, 1948 that I last saw h____ alive on ____; 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung — DURATION 6 mo.

Due to

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 Fred M. Bryant M. D.
Address Mesa Ariz Date signed 1/13/48