Dr. Fillmore

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. 160
Registrar's No. 8

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 2 wks.; In Community 3 wks.; In Arizona 43 yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Glenbar (If outside city limits also write RURAL)

(d) Street No. Glenbar, Arizona; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Laura Effie Batty (b) If veteran name war No (c) Social Security No. None

4. Sex: Female

5. Race: White XX Indian ☐ Negro ☐ Oriental ☐

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

6. (b) Name of husband or wife: Walter A. Batty

6. (c) Age of husband or wife, if alive 48 yrs.

7. Birthdate of deceased April 5, 1904 (Month) (Day) (Year)

8. AGE: Years 43 | Months 9 | Days 0 | If less than one day hrs. min.

9. Birthplace Eden, Arizona (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business at home

Father
12. Name A. J. Curtis
13. Birthplace Salem, Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Rilla A. Oliver
15. Birthplace Fairfiew, Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Walter A. Batty
(b) Address Glenbar, Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Pima, Ariz. (c) Date 1-6-48, 19

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

19. (a) 1-17-48 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 5, 19 48;
TIME (Hour and minute) 8:45 A. M.

21. I hereby certify that I attended the deceased from Nov. 11, 19 47 to Jan 5, 19 48; that I last saw her alive on Jan 5, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy Central Liver Necrosis

DURATION

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 A. J. Fillmore M. D.
Address Mesa, Arizona Date signed 1-17-48

40M—100% Rag—1-47