

447

Dr. Allen

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. 894

Registrar's No. 29

1. Place of Death: (a) County Maricopa (b) City or Town Mesa / Rural (c) Location Rt. 1, Box 258
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution home; In Community 3 wks.; In Arizona 3 wks.
(Specify whether years, months or days)

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

(d) Street No. Rt. 1, Box 258; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country

3. (a) FULL NAME Viola Taylor (b) If veteran name war NO (c) Social Security No. None

4. Sex Female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Infant

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

7. Birthdate of deceased Jan. 9, 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 25 hrs. _____ min. _____
If less than one day

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

10. Usual Occupation None

11. Industry or Business Infant

12. Name Clarence Taylor

13. Birthplace Vernal, Utah
(City, town or county) (State or Country)

14. Maiden Name Ina Perkins

15. Birthplace Sigurd, Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature Clarence Taylor

(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Mesa, Ariz. (c) Date 2-4-48

18. (a) Embalmer's Signature R. M. Daybell

(b) Funeral Director Meldrum Mortuary

(c) Address Mesa, Arizona

19. (a) 2-10-48
(Date received Local Registrar)

(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 3, 1948
TIME (Hour and minute) 2:30 A. M.

21. I hereby certify that I attended the deceased from Jan. 9, 1948 to Jan. 13, 1948

that I last saw her alive on Jan. 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within three months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] Date signed 2-6-48

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically