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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 249

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Phoenix
C. LENGTH OF STAY IN THIS PLACE: 4 Days IN ARIZONA: 3½ Yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St.Monica Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 703 N.40th Ave.

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST): Mary Bell Calkins

4. SEX: Fe

5. COLOR OR RACE: White

6. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

7. DATE OF BIRTH MONTH: Jan DAY: 27 YEAR: 1930

8. AGE YEARS: 19 MONTHS: 0 DAYS: 6

1F UNDER 24 HOURS HOURS: MIN.:

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa

11. CITIZEN OF WHAT COUNTRY?: U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):

13. SOCIAL SECURITY NO.: None

14A. FATHER'S NAME: V.R.Judd

14B. BIRTHPLACE (STATE OR COUNTRY): Illinois

15A. MOTHER'S MAIDEN NAME: Olive Swenson

15B. BIRTHPLACE (STATE OR COUNTRY): Iowa

16. INFORMANT'S SIGNATURE: V.R. Judd ADDRESS: Phoenix, Arizona

17. DATE OF DEATH (MONTH) (DAY) (YEAR): February 6, 1949

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

+THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Post partum hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Premature separation of Placenta

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 2, 19 48 TO 2/5, 19 49, THAT I LAST SAW THE DECEASED ALIVE ON 2/5, 19 49, AND THAT DEATH OCCURRED AT 6 A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Lawrence Anderson, M.D.

23B. ADDRESS: Phoenix, Arizona

23C. DATE SIGNED: Feb.5,1949

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐

24B. DATE: Feb.9,1949

24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix,Arizona

25A. DATE REC'D BY LOCAL REG.: FEB 9 1949

25B. REGISTRAR'S SIGNATURE: M. Ken D. Kelly

26. FUNERAL DIRECTOR'S SIGNATURE: C. Stanley Clegg ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA

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