

1678

Dr. Neff

4501

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

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| DEATH RESIDENCE 5 | 1. PLACE OF DEATH A. COUNTY Maricopa | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Mesa | | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Mesa | |
| | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) at home | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 111 So. Sistine St. | |
| 2 1 3 4 194 249 | 3. NAME OF DECEASED A. (FIRST) Nancy Marie B. (MIDDLE) Babbitt C. (LAST) Riggs | | | 4. SEX female |
| | 5. COLOR OR RACE white | | | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |
| 7 9 10 11 12 13 14 15 16 17 | 7. DATE OF BIRTH MONTH 9 DAY 7 YEAR 54 | | 8. AGE YEARS 94 MONTHS 5 DAYS 2 | |
| | 9. KIND OF BUSINESS OR INDUSTRY at home | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife | |
| 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah | | 11. CITIZEN OF WHAT COUNTRY? U. S. | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No |
| 13. SOCIAL SECURITY NO. None | | 14. FATHER'S NAME Alma Whiting Riggs | | 14B. BIRTHPLACE (STATE OR COUNTRY) Mass. |
| 15. MOTHER'S MAIDEN NAME Julia Ann Johnson | | 15B. BIRTHPLACE (STATE OR COUNTRY) New York | | 16. INFORMANT'S SIGNATURE Mrs. Adeline Dana |
| 17. DATE OF DEATH (MONTH) February (DAY) 9 (YEAR) 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. | | |
| 19. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____. THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____ AND THAT DEATH OCCURRED AT 8:52 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | |
| 23A. SIGNATURE <i>Dr. Neff</i> (DEGREE OR TITLE) M.D. | | 23B. ADDRESS Mesa Ariz. | | 23C. DATE SIGNED 2-14-49 |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE 2-12-49 | | 24C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery |
| 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona | | 25A. DATE REC'D BY LOCAL REG. 9-15-49 | | 25B. REGISTRAR'S SIGNATURE <i>John Musterman</i> |
| 25C. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary | | 25D. ADDRESS Mesa, Ariz | | |