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D.L. Mahomey  
ey Bldg.  
g's-3-4718

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1569

CERTIFICATE OF DEATH

REGISTRAR'S NO. 256

11 42 DATE OF DEATH 4/4/49 RESIDENCE 1.	1. PLACE OF DEATH A. COUNTY Pima			2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Illinois B. COUNTY Cook		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 8 Mos. 8 Mos.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TOWN Chicago	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1749 South 6th. Avenue			D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
2 IDENTIFICATION 6/7 ATA 6 347	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Amy B. (MIDDLE) Clarke C. (LAST) (Clarke) Ault			4. SEX Female	5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR 6 20 81		8. AGE YEARS MONTHS DAYS 67 8 14		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife
	9B. KIND OF BUSINESS OR INDUSTRY At Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	11. CITIZEN OF WHAT COUNTRY? U. S. A.	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	
	14A. FATHER'S NAME Clarke		14B. BIRTHPLACE (STATE OR COUNTRY) England	15A. MOTHER'S MAIDEN NAME Emily Clarke		15B. BIRTHPLACE (STATE OR COUNTRY) England
	16. INFORMANT'S SIGNATURE Harry L. Ault, P.O. Box 2822, Tucson			17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 4th., 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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	18. CAUSE OF DEATH I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis 3 yrs. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) Chr. nephritis 3 yrs. II. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (c) Paralysis ?				INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
	19A. 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 Apr. 1, 1948 TO 3-4-49 THAT I LAST SAW THE DECEASED ALIVE ON 2-15-1949 AND THAT DEATH OCCURRED AT 5:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE D.L. Mahomey M.D.		23B. ADDRESS 403 W. B. Hwy. Tucson		23C. DATE SIGNED 3-5-49		
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE 3/8/49	24C. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Chicago, Illinois		
25A. DATE REC'D BY LOCAL REG. 3-7-49	25B. REGISTRAR'S SIGNATURE Howard A. Bing		26. FUNERAL DIRECTOR'S SIGNATURE Howard A. Bing, Tucson, Arizona			