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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1173

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1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Graham	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Pima	
D. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) General Delivery -- Pima	
3. NAME OF DECEASED (TYPE OR PRINT) DORA FOSTER		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. DATE OF BIRTH MONTH Feb. DAY 6 YEAR 1879	
8. AGE YEARS 70 MONTHS 4 DAYS 6		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) Utah	
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 Squire Reynolds	
14B. BIRTHPLACE (STATE OR COUNTRY) Missouri		15A. MOTHER'S MAIDEN NAME Nancy Norton	
15B. BIRTHPLACE (STATE OR COUNTRY) Utah		16. INFORMANT'S SIGNATURE Ramon J. Frute ADDRESS Sedona Ariz	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 12 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.	
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease & failure		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) Complication of Anomalous Postoperative		1 yr	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION 6/9/49		19B. MAJOR FINDINGS OF OPERATION same	
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 June 2, 1949 TO June 12, 1949 THAT I LAST SAW THE DECEASED ALIVE ON June 12, 1949 AND THAT DEATH OCCURRED AT HOME FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) M.D.		23B. ADDRESS	
23C. DATE SIGNED 6-12-49			
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE June 14, 1949	
24C. NAME OF CEMETERY OR CREMATORY Pima Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pima, Arizona	
25A. DATE REC'D BY LOCAL REG. JUN 15 1949		25B. REGISTRAR'S SIGNATURE Mrs. Carl D. Hughes	
25C. FUNERAL DIRECTOR'S SIGNATURE L. M. Mortensen		25D. ADDRESS Phoenix Ariz	