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Dr. Allen

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. 9663

BIRTH NO.

REGISTRAR'S NO. 132

07 07
OF DEATH
24
AND
RESIDENCE
5

1. PLACE OF DEATH

A. COUNTY **Maricopa**

B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) **Mesa**

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA **6 yr. 63 yr.**

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **642 So. Olive Drive**

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)

A. STATE **Arizona** B. COUNTY **Mari.**

C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) **Mesa**

D. STREET ADDRESS (IF RURAL, GIVE LOCATION) **642 So. Olive Drive**

EDENT
PERSONAL
DATA
193
7
749

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) **Sarah** B. (MIDDLE) **Elizabeth** C. (LAST) **Webb**

4. SEX **female** 5. COLOR OR RACE **White**

6. NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH MONTH **2** DAY **25** YEAR **56**

8. AGE YEARS **93** MONTHS **4** DAYS **21**

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) **at home**

9B. KIND OF BUSINESS OR INDUSTRY

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 **Isaac V. Carling**

14B. BIRTHPLACE (STATE OR COUNTRY) **no record**

15A. MOTHER'S MAIDEN NAME **Asenith Browning**

15B. BIRTHPLACE (STATE OR COUNTRY) **No record**

16. INFORMANT'S SIGNATURE **Owen A. Webb** ADDRESS **Mesa, Ariz.**

17. DATE OF DEATH (MONTH) (DAY) (YEAR) **July 16, 1949**

AUSE
OF
DEATH
EM 18)

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).)

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* **Cardiac decompensation**

2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAT. THE UNDERLYING CAUSE LAST. DUE TO **arteriosclerosis**

3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO **sensibility**

INTERVAL BETWEEN ONSET AND DEATH

ACTIONS,
TOPSY

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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

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

21F. HOW DID INJURY OCCUR?

DICAL
IRONER'S
FICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **July 14, 1949** TO **July 16, 1949**. THAT I LAST SAW THE DECEASED ALIVE ON **July 14, 1949** AND THAT DEATH OCCURRED AT **8:30 P.M.** FROM THE CAUSE AND ON THE DATE STATED ABOVE.

23A. SIGNATURE **Dr. Ben R. Allen** (PLEASE OR TITLE)

23B. ADDRESS **602 S. McDonald Mesa**

23C. DATE SIGNED **July 27, 1949**

NERAL
ECTOR
AND
ISTRAR

24A. BURIAL CREMATION REMOVAL

24B. DATE **7-19-49**

24C. NAME OF CEMETERY OR CREMATORY **City Cemetery**

24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) **Mesa, Arizona**

25A. DATE REC'D BY LOCAL REG. **7-27-49**

25B. REGISTRAR'S SIGNATURE **[Signature]**

26. FUNERAL DIRECTOR'S SIGNATURE **Meldrum Mortuary** ADDRESS **Mesa, Ariz**

27. EMBALMER'S SIGNATURE **A. M. Day** CERT. NO. **228-A**