

CERTIFICATE OF DEATH

REGISTRAR'S NO. 388-A

17 49  
IF DEATH  
ND  
191  
RESIDENCE

2  
VX  
DENT 3  
ONAL  
ATA/69  
4  
250

USE 4/3X  
OF  
ATH 0  
M 18)  
0

ACTIONS, 2  
TOPSY  
ATH X  
E TO  
ERNAL  
LENCE

DICAL 1  
RONER'S  
ICATION

GENERAL 80  
ECTOR  
AND  
ISTRAR 2

1. PLACE OF DEATH A. COUNTY <b>MARICOPA</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <b>ARIZONA</b> B. COUNTY <b>MARICOPA</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <b>PHOENIX</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>PHOENIX Tucson</b>	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>3 y 4 mo 13 y</b>		D. STREET ADDRESS <b>4133 E. Saint Louis 1516 E. Cambridge St.</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>ARIZONA STATE HOSPITAL</b>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>BESSIE</b>		B. (MIDDLE) <b>P.</b>	
C. (LAST) <b>GARTER</b>		4. SEX <b>FEMALE</b>	5. COLOR OR RACE <b>WHITE</b>
6. MARRIED - - - - <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>29</b> DAY <b>24</b> YEAR <b>1880</b>	
8. AGE YEARS MONTHS DAYS <b>75 4 28</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>HOUSEWIFE</b>	IF UNDER 24 HOURS HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>UTAH</b>	11. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>		13. SOCIAL SECURITY NO. <b>unk.</b>	
14A. FATHER'S NAME <b>JOHN W. LOWE</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>PENNSYLVANIA</b>	15A. MOTHER'S MAIDEN NAME <b>CLARA CORDELIA COOK</b>
15B. BIRTHPLACE (STATE OR COUNTRY) <b>ILLINOIS</b>		16. INFORMANT'S SIGNATURE <b>ARIZONA STATE HOSPITAL RECORDS</b>	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>FEBRUARY 22, 1950</b>		18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) <b>Cardiac failure</b>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <b>Cardiac failure</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Cardio-vascular hyperten-sion arteria</b> DUE TO (c) <b>Remnants of tetralogy aortic (hemiplegia). - Syberis due to cerebral arteriosclerosis.</b>		INTERVAL BETWEEN ONSET AND DEATH	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <b>-</b>	
22. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>-</b>		23. (CITY OR TOWN) (COUNTY) (STATE) <b>-</b>	
24. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>-</b>		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
26. HOW DID INJURY OCCUR? <b>-</b>		27. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Feb. 22, 1950</b> TO <b>Feb. 22, 1950</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Feb. 22, 1950</b> AND THAT DEATH OCCURRED AT <b>8:40 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
28. SIGNATURE <b>McLernann M.D.</b> (DEGREE OR TITLE)		29. ADDRESS <b>2500 E. Van Buren, Phoenix</b>	30. DATE SIGNED <b>2-23-50</b>
31. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		32. DATE <b>Feb 23, 1950</b>	33. NAME OF CEMETERY OR CREMATORY <b>Tucson, Arizona</b>
34. DATE REC'D BY LOCAL REG. <b>2/23/50</b>		35. REGISTRAR'S SIGNATURE <b>Beulah Johnston</b>	36. FUNERAL DIRECTOR'S SIGNATURE <b>John T. Young</b>
37. EMBALMER'S SIGNATURE <b>James S. Harnage</b>		38. ADDRESS <b>A. L. MOORE &amp; SONS PHOENIX, ARIZONA CERT. NO. 310</b>	