

CERTIFICATE OF DEATH

REGISTRAR'S NO. 438

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION, B. COUNTY) Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL, OR TOWN) Phoenix	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 35 yrs 35yrs			
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Hilton Rest Home (3 years)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) -----	

3. NAME OF DECEASED A. (FIRST) Gladys B. (MIDDLE) Pleasant C. (LAST) Thompson			4. SEX Female	5. COLOR OR RACE White
6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED				
7. DATE OF BIRTH MONTH July DAY 24 YEAR 1894		8. AGE YEARS 55 MONTHS 7 DAYS 2		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) At Home
9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? USA
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 Christopher C. Thompson		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Unknown
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown				

16. INFORMANT'S SIGNATURE <i>George Thompson</i>		ADDRESS 468 N. 1st Provo, Utah		17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 26, 1950	
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. <input checked="" type="checkbox"/> PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Tertiary Syphilis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Massive ulceration DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH

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 12-1- 19 49 TO 2-26 19 50 . THAT I LAST SAW THE DECEASED ALIVE ON 2-23- 19 50 . AND THAT DEATH OCCURRED AT ----- M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>A. S. Stewart</i> M.D.		23B. ADDRESS 7 W McDaniel	23C. DATE SIGNED 3-2-50

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 3-2-50		24C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona	
25A. DATE REC'D BY LOCAL REG. 3/3/50		25B. REGISTRAR'S SIGNATURE <i>Bulah Johnston</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>L. M. Mortensen</i>		27. EMBALMER'S SIGNATURE <i>L. M. Mortensen</i>	