

Dr. Fillmore

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6262 ✓

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

243

DEATH IDENCE	1. PLACE OF DEATH A. COUNTY Maricopa					2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Pinal						
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Mesa			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 da. 66 yr.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Coolidge						
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Southside District Hospital					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 267 Lindberg						
VITAL STATISTICS	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) David			B. (MIDDLE) Franklin			C. (LAST) Kleinman			4. SEX male	5. COLOR OR RACE white	
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR 5 8 72		8. AGE YEARS MONTHS DAYS 78 7 22		IF UNDER 24 HOURS HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). cattle rancher			
	9B. KIND OF BUSINESS OR INDUSTRY ranch		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			
VITAL STATISTICS	14A. FATHER'S NAME Conrad Kleinman			14B. BIRTHPLACE (STATE OR COUNTRY) Germany		15A. MOTHER'S MAIDEN NAME Anna Bentz			15B. BIRTHPLACE (STATE OR COUNTRY) Switzerland			
	16. INFORMANT'S SIGNATURE Mrs. W.H. Pew (Dau.)					ADDRESS Mesa, Ariz.					17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec. 30, 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.					MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Hypertensive Disease					INTERVAL BETWEEN ONSET AND DEATH	
VITAL STATISTICS	19A. DATE OF OPERATION					19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?						
VITAL STATISTICS	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2-24- 19 50 TO 12-30- 19 50 THAT I LAST SAW THE DECEASED ALIVE ON 12-29- 19 50 AND THAT DEATH OCCURRED AT 6:20 A.M. THE CAUSES AND ON THE DATE STATED ABOVE.											
	23A. SIGNATURE Dr. Fillmore					23B. ADDRESS Mesa, Arizona			23C. DATE SIGNED 1-2-51			
VITAL STATISTICS	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 1-2-51		24C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Ariz.				
	25A. DATE REC'D BY LOCAL REG. 1-2-51		25B. REGISTRAR'S SIGNATURE Dr. Fillmore			26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary			ADDRESS Mesa, Ariz.			
VITAL STATISTICS	27. EMBALMER'S SIGNATURE R. M. Daybell					CERT. NO. 228A						