

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2183

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

992

17 17 OF DEATH NO 29 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 25 yrs. 26 yrs.		
	D. FULL NAME OF HOSPITAL OR INSTITUTION 2526 N. Dayton		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2526 N. Dayton		
2 1 ON 4 70 TA 4 451	3. NAME OF DECEASED A. (FIRST) Margaret B. (MIDDLE) Galbraith C. (LAST) Johnson			4. SEX female	5. COLOR OR RACE white
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Jan. 28 1881		8. AGE YEARS MONTHS DAYS 70 2 29
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife		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
	9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah		11. CITIZEN OF WHAT COUNTRY? U.S.A.
	14A. FATHER'S NAME unknown Galbraith		14B. BIRTHPLACE (STATE OR COUNTRY) Utah		15A. MOTHER'S MAIDEN NAME Phoebe Flint
4200 USE F TH (18)	16. INFORMANT'S SIGNATURE Katherine Dahl		ADDRESS 4220 N. 1st Ave. Phoenix, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 29 1951
	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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) ESSENTIAL HYPERTENSION II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 1 DAY 1 YR. 2 YRS.
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
TH X TO NAL NCE	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?
CAL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8-24 1949 TO 4-29 1951 THAT I LAST SAW THE DECEASED ALIVE ON 4-29 1951 AND THAT DEATH OCCURRED AT 9 AM., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE Lee Church M.D.		23B. ADDRESS 1313 N. 2nd St.		23C. DATE SIGNED 4-30-51
RAL TOR 85 D RAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 5-2-1951		24C. NAME OF CEMETERY OR CREMATORY Memory Lawn
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		25A. DATE REC'D BY LOCAL REG. 4/30/51		25B. REGISTRAR'S SIGNATURE Beulah Johnston
25C. FINANCIAL DIRECTOR'S SIGNATURE J.M. Montezuma		25D. ADDRESS 1020 W. Washington St. Phoenix, Ariz.		25E. CERT. NO. 261 A	