

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **4074**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **1665**

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona Maricopa		
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix, Rural		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 3 wks 50 yrs	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Mesa	
D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 308 S. Lazona Drive		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) BERTHA B. (MIDDLE) Mae C. (LAST) BACON			4. SEX Female	5. COLOR OR RACE W.
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 6 DAY 3 YEAR 83		8. AGE YEARS 68 MONTHS 1 DAYS 18	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife
9B. KIND OF BUSINESS OR INDUSTRY At Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa	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. no
14A. FATHER'S NAME Peter Morrison		14B. BIRTHPLACE (STATE OR COUNTRY) unk.	15A. MOTHER'S MAIDEN NAME Mattie Scully	15B. BIRTHPLACE (STATE OR COUNTRY) unk.
16. INFORMANT'S SIGNATURE Henry Bacon		ADDRESS Mesa, Arizona	17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 21 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) hypertension ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Arteriosclerosis generaliz DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING 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 checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 3 19 51 TO July 21 19 51 THAT I LAST SAW THE DECEASED ALIVE ON July 21 19 51 AND THAT DEATH OCCURRED AT 7:25 P. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE (DEGREE OR TITLE) Charles E. Robinson M.D.	23B. ADDRESS Co. Hospital, Phoenix, Ariz	23C. DATE SIGNED 23 July 51

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 7-24-51	24C. NAME OF CEMETERY OR CREMATORY Mesa cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa Arizona	
25A. DATE REC'D BY LOCAL REG. 7/25/51	25B. REGISTRAR'S SIGNATURE Beulah Johnston	25. FUNERAL DIRECTOR'S SIGNATURE M. D. Gibbons Mortuary	ADDRESS Mesa, Ariz	
		26. EMBALMER'S SIGNATURE Raymond E. Clark	CERT. NO. 275R	