

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7095  
3001

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

7 07  
OF DEATH  
ND 74  
RESIDENCE  
5

VENT  
ONAL 146  
TA 7  
151

334X  
USE  
IF  
ATH 0  
A 18) 0

CTIONS,  
OPSY 2  
ATH X  
TO  
RNAL =  
ENCE

ICAL  
ONER'S  
CATION 1

ERAL  
CTOR 85  
ID  
TRAR 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 TOWN) <b>Phoenix</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Phoenix Rural</b>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>37 yr 8 37 yr</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1115 So. 18th Pl</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Memorial Hospital (8 days)</b>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Deliah Emily Elizabeth</b> B. (MIDDLE) <b>Zufelt</b> C. (LAST)			4. SEX <b>Female</b>
5. COLOR OR RACE <b>White</b>			
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR <b>April 2 1905</b>	
8. AGE YEARS MONTHS DAYS <b>46 8 12</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Housewife</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Michigan</b>	
11. CITIZEN OF WHAT COUNTRY? <b>USA</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>-----</b>		14A. FATHER'S NAME <b>Emery Emerson</b>	
14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>		15A. MOTHER'S MAIDEN NAME <b>Ivy Emerson</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>		16. INFORMANT'S SIGNATURE <b>Dick Zufelt</b>	
17. DATE OF DEATH MONTH DAY YEAR <b>December 14, 1951</b>		18. ADDRESS <b>1115 So. 18th Pl Phoenix, Arizona</b>	

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) <b>Asystole</b> DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Rheumatic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
---	--	--	--	---	--

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 <b>12/14</b> , 19 <b>51</b> , TO <b>12/14</b> , 19 <b>51</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>12/14</b> , 19 <b>51</b> , AND THAT DEATH OCCURRED <b>2:25 PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <b>800 No 1st Ave Phoenix</b>		23C. DATE SIGNED <b>12/15/51</b>	

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>12-18-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24D. LOCATION (CITY, TOWN, COUNTY) (STATE) <b>Phoenix, Arizona</b>	
25A. DATE REC'D BY LOCAL REG. <b>12/17/51</b>		25B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		27. EMBALMER'S SIGNATURE <i>[Signature]</i>	
				ADDRESS <b>Phx. Ariz</b>		CERT. NO. <b>2619</b>	