ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3128

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 127

E OF DEATH 27 / AND 24 / L RESIDENCE X

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY IN THIS TOWN 36 yrs IN ARIZONA 36 yrs
C. CITY OR TOWN Mesa [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 102 North Beverly Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Maricopa
C. CITY OR TOWN Mesa [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 102 North Beverly Street

ECEDENT 3 / ERSONAL DATA 91 / 4 / 553

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Eliza B. (MIDDLE) Jane C. (LAST) HATHCOCK
4. SEX Fem
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE R. M. Hathcock Deceased 1933
7. DATE OF BIRTH MONTH 12 DAY 20 YEAR 61
8. AGE (IN YEARS LAST BIRTHDAY) 91
IF UNDER 1 YEAR MONTHS -- DAYS --
IF UNDER 24 HRS. HOURS -- MIN. --
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife
9B. KIND OF BUSINESS OR INDUSTRY Domestic
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina
11. CITIZEN OF WHAT COUNTRY? United States
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE) --
13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Christian Burroughs
14B. BIRTHPLACE (STATE OR COUNTRY) No. Carolina
15A. MOTHER'S MAIDEN NAME Rachel C. Lowder
15B. BIRTHPLACE (STATE OR COUNTRY) No. Carolina
16. INFORMANT'S SIGNATURE Mrs. G. P. Furr (daughter) ADDRESS Mesa, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 27, 1953

CAUSE OF DEATH (ITEM 18) 0 / 0

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 331 X
‡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
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Gen. Arteriosclerosis
ANTECEDENT CAUSES MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Vascular Hemorrhage
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

ERATIONS, UTOPSY 2

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO XTERNAL IOLENCE X

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

MEDICAL R CORONER'S TIFICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1, 1953, TO 5-27-53, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 5-27-53, 19__, AND THAT DEATH OCCURRED AT 5:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE A. J. Hallmore (DEGREE OR TITLE) M.D.
23B. ADDRESS Mesa, Arizona
23C. DATE SIGNED 5-28-53

UNERAL 33 / IRECTOR AND 2 / EGISTRAR 136

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE 6-1-53
24C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona
25A. DATE REC'D BY LOCAL REG. 5-28-53
25B. REGISTRAR'S SIGNATURE Donald J. Meldrum, Dep.
26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary Mesa, Arizona ADDRESS
27. EMBALMER'S SIGNATURE R. N. Daybell CERT. NO. 228 A

FORM VS 2 REV. 1-1-53