ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3433

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 160

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY — IN THIS TOWN: 2 Yrs. IN ARIZONA: 65 Yrs.
C. CITY OR TOWN: Prescott — [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): Arizona Pioneer's Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Tempe — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Not Known

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Zora B. (MIDDLE): A. C. (LAST): McDonald
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
7. DATE OF BIRTH — MONTH: July DAY: 15 YEAR: 1865
8. AGE (IN YEARS LAST BIRTHDAY): 87 — 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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Bonham Texas
11. CITIZEN OF WHAT COUNTRY? USA
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: Albert W Austin
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Martha Wilson
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: ADDRESS:
17. DATE OF DEATH (MONTH) May (DAY) 2 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4/3/0
+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) Fungal anaemia — INTERVAL BETWEEN ONSET AND DEATH: 3 mos
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Mitral Stenosis
DUE TO (C) Endocarditis Chr. — 15 yrs.
11. OTHER SIGNIFICANT CONDITIONS Cerebral
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

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 OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 21, 19 53 TO 2 May, 19 53 THAT I LAST SAW THE DECEASED ALIVE ON 30 Apr, 19 53 AND THAT DEATH OCCURRED AT 1:15 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: C C Dorn (DEGREE OR TITLE): Md.
23B. ADDRESS: Prescott, Arizona
23C. DATE SIGNED: MAY 5 1953

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
24B. DATE: 5-5-53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tempe, Arizona
25A. DATE REC'D BY LOCAL REG.: 5/5/53
25B. REGISTRAR'S SIGNATURE: Dixie Furmance Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: Henry C. Hamilton — ADDRESS: 144
27. EMBALMER'S SIGNATURE: Henry C. Hamilton — CERT. NO.: 308

FORM VS 2 REV. 4-15-52