ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5500

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1897

7 27 PLACE OF DEATH 9 AND 74 USUAL RESIDENCE 0315

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 7 yrs. IN ARIZONA 43 yrs.
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Joseph Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3524 W. Almeria

DECEDENT PERSONAL DATA 1 2 1 4 3 3 953

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Carolyn B. (MIDDLE) C. (LAST) Axlund

4. SEX: F

5. COLOR OR RACE: W

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Ray Axlund

7. DATE OF BIRTH: MONTH Feb. DAY 27 YEAR 1910

8. AGE (IN YEARS LAST BIRTHDAY): 43 — 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: At home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

11. CITIZEN OF WHAT COUNTRY? U.S.A.

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.: Unk.

14A. FATHER'S NAME: John Willhelm

14B. BIRTHPLACE (STATE OR COUNTRY): Unk.

15A. MOTHER'S MAIDEN NAME: Unk.

15B. BIRTHPLACE (STATE OR COUNTRY): Unk.

16. INFORMANT'S SIGNATURE: Ray Axlund (Husb.) ADDRESS: Same

17. DATE OF DEATH (MONTH) September (DAY) 4 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) 0 0

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Lymphosarcoma Stomach — 5 years
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 1

19A. DATE OF OPERATION: 7-21-47

19B. MAJOR FINDINGS OF OPERATION: Lymphoma of Stomach

20. AUTOPSY? YES ☒ NO ☐

DEATH DUE TO EXTERNAL VIOLENCE 4

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 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-8, 1947, TO 9-4, 1953, THAT I LAST SAW THE DECEASED ALIVE ON 9-3, 1953, AND THAT DEATH OCCURRED AT 8:25 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Karl L Harris MD

23B. ADDRESS: 15 E Monroe Phoenix Ariz.

23C. DATE SIGNED: 9-5-53

FUNERAL DIRECTOR AND REGISTRAR 8 5 2 1

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: Sept. 5, 1953

24C. NAME OF CEMETERY OR CREMATORY:

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona

25A. DATE REC'D BY LOCAL REG.: 9/5/53

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: O Lee Moore — ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA

27. EMBALMER'S SIGNATURE: John T. Young — CERT. NO. 300

FORM VS 2 REV. 1-1-53