ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6362

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 50

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 8 1/2 yrs IN ARIZONA: 8 1/2 yrs
C. CITY OR TOWN: Buckeye ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): At Home on S. 7th Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Buckeye ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): South 7th Street

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Elsie B. (MIDDLE): Mary C. (LAST): Rowley

4. SEX: Female **5. COLOR OR RACE:** White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH MONTH: Nov. DAY: 21 YEAR: 1898
8. AGE (IN YEARS LAST BIRTHDAY): 54 IF UNDER 1 YEAR: MONTHS: 11 DAYS: 7 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: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
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): None
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: John Weyand
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Elizebeth Raupp
15B. BIRTHPLACE (STATE OR COUNTRY): New York
16. INFORMANT'S SIGNATURE: Walter F. Rowley ADDRESS: Box 805 Buckeye, Ariz.
17. DATE OF DEATH (MONTH): October (DAY): 28 (YEAR): 1953

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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 days
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension — 3 years
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — 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 ☐ NO ☒

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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-20 19 53 TO 10-28 19 53 THAT I LAST SAW THE DECEASED ALIVE ON 10-28 19 53 AND THAT DEATH OCCURRED AT 11:55 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): [illegible] M.D.
23B. ADDRESS: Buckeye, Arizona
23C. DATE SIGNED: 10/30/53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 10/30/53
24C. NAME OF CEMETERY OR CREMATORY: Louis B. Hazelton Mem Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Buckeye, Arizona
25A. DATE REC'D BY LOCAL REG.: 10/30/53 11-3-1953
25B. REGISTRAR'S SIGNATURE: Anna Bower
26. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Lawley ADDRESS: Buckeye
27. EMBALMER'S SIGNATURE: Paul M. Lawley CERT. NO.: 264A

FORM VS 2 REV. 4-15-52