ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7628

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2584

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 18 yrs. IN ARIZONA: 18yrs.
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): 4236 N 33rd Dr.

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): 4236 N 33rd Dr.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Theressa B. (MIDDLE) Belle C. (LAST) CHESTER

4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: William H. Chester
7. DATE OF BIRTH — MONTH: Oct. DAY: 5 YEAR: 1905
8. AGE (IN YEARS LAST BIRTHDAY): 48
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: ------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Colorado
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.: None
14A. FATHER'S NAME: Thomas Carroll
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: William H. Chester ADDRESS: 4236 N 33rd Dr. Phx.
17. DATE OF DEATH (MONTH) November (DAY) 30 (YEAR) 1953

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE (PART I) (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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Under investigation
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Examined on 30 Nov 1953 TO ____, 19____, ~~LAST SAW THE DECEASED ALIVE ON ____, 19____, AND THAT DEATH OCCURRED AT~~ at 9:40 a M. ~~FROM THE CAUSES AND ON THE DATE STATED ABOVE.~~
22A. SIGNATURE: Elmer Gordon (DEGREE OR TITLE) Med Examiner
22B. ADDRESS: Phx.
22C. DATE SIGNED: 11-30-53

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): ?
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 4236 N. 33rd Dr.
23C. (CITY OR TOWN) Phoenix (COUNTY) (STATE) Ariz
23D. TIME OF INJURY (MONTH) 11 (DAY) 30 (YEAR) 53 (HOUR) 9:40 AM
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? unknown at ~~Private~~ Present

24A. CORONER'S SIGNATURE: Al J. Flood Coroner
24B. ADDRESS: West Phoenix
24C. DATE SIGNED: 12-1-53

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-3-53
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 12/3/53
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Nussbaum
27B. ADDRESS: Phoenix Ariz
Meaner Mortuary

FORM VS-2 REV. 6-1-53 AMPCO 70385