ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 924

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 611

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: 1 mo. 21 da. 22 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): McDowell Osteopathic Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Gila Bend
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 332

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Maude B. (MIDDLE): D. C. (LAST): Stump

4. SEX: female
5. COLOR OR RACE: white

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 11 DAY 24 YEAR 1879
8. AGE: YEARS 72 MONTHS 3 DAYS 2
IF UNDER 24 HOURS: 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): Ark.
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): no
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Unknown Vickery
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Virginia
16. INFORMANT'S SIGNATURE: C.A. Stump ADDRESS: Box 332 Gila Bend
17. DATE OF DEATH (MONTH) February (DAY) 23 (YEAR) 1952

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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Metastatic carcinoma from uterus. — unknown
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: Jan 5-52
19B. MAJOR FINDINGS OF OPERATION: Fracture of neck of left femur.
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 Jan 2 1952 TO Feb 23 1952 THAT I LAST SAW THE DECEASED ALIVE ON Feb 23 1952 AND THAT DEATH OCCURRED AT 7:07 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: James C. Slyman (DEGREE OR TITLE) D.O.
23B. ADDRESS: 31 E McDowell Rd. Phoenix Arizona
23C. DATE SIGNED: 2/24-52

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 2-23-52
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Buckeye, Arizona.
25A. DATE REC'D BY LOCAL REG.: 3/5/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Lawley ADDRESS: Buckeye
27. EMBALMER'S SIGNATURE: Paul M. Lawley CERT. NO. 204 A

FORM VS 2 REV. 4-49 15M