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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 224

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 509 E. 2nd Ave  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 5 yrs.; In Community 80 Yrs.; In Arizona 80 Yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa  
(If outside city limits also write RURAL)  
(d) Street No. 509 E. 2 Ave. Mesa, Arizona (e) If foreign born, in U. S. A. 940 yrs.  
3. (a) FULL NAME Alma Adair (b) If veteran name war 940 (c) Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed Widowed  
or wife divorced

6. (b) Name of husband or wife William Hamblin 6. (c) Age of husband or wife, if alive 80 yrs.

7. Birthdate of deceased Oct. 6, 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 17 If less than one day hrs. min.

9. Birthplace Washington Co. Utah  
(City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business At Home

12. Name William Hamblin  
13. Birthplace Unknown  
(City, town or county) (State or Country)

14. Maiden Name Betty Leavitt  
15. Birthplace Unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature A. B. Adair  
(b) Address Cottonwood, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Mesa, Arizona (c) Date 11/24/40

18. (a) Embalmer's Signature R. D. Daybell 278  
(b) Funeral Director Weldrum Mortuary  
(c) Address Mesa, Arizona

19. (a) 11-29-40  
(Date received local Registrar)

(b) [Signature]  
(Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 23, 1940; TIME (Hour and minute) 7. 5 P. M.

21. I hereby certify that I attended the deceased from Aug - 1940 to Nov 20, 1940; that I last saw her alive on Nov 21, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where and injury occur? \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. Address Mesa Ariz Date signed 11-26-40

DURATION 3 days  
10 y.

PHYSICIAN Underline the cause to which death should be charged statistically.