

2587

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 159  
Registrar's No. 211  
159 W. 10th Drive  
(St. & No. (or) Name of Institution)  
67 Yrs. : In Arizona.

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 159 W. 10th Drive  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_ : In Community 16 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. 159 W. 10th Drive (e) Citizen of foreign country (Yes or No) NO  
If Yes, which country \_\_\_\_\_ (c) Social Security No. NONE

3. (a) FULL NAME Mary Catherine O. Clowson

**FEMALE**

4. Sex \_\_\_\_\_ 5. Race White  Indian  Negro   Oriental  White  
6. (a) Single, married, widowed or divorced Widow  
6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased April 15, 1881  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months 6 Days 17 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lowell, Utah  
(City, town or county) (State or Country)  
10. Usual Occupation at home

11. Industry or Business \_\_\_\_\_

12. Name L. F. Cardon Italy  
Father (City, town or county) (State or Country)  
13. Birthplace Bussette State

14. Maiden Name L. F.  
Mother (City, town or county) (State or Country)  
15. Birthplace \_\_\_\_\_

16. (a) Informant's own signature L. F. Cardon  
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Mesa, Ariz. (c) Date 11/5/43

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director [Signature]  
(c) Address Mesa, Arizona

19. (a) Nov. 20, 1943  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 5, 1943 19\_\_\_\_ M.  
TIME (Hour and minute) 7:10 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
Did not see alive to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_

and that death occurred on the date and hour stated above.  
Immediate cause of death POSSIBLY: Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did 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)

23. Signature [Signature] (e) Means of injury \_\_\_\_\_  
Address Mesa, Arizona Date signed 11/20/43