

PHOTOCOPYED  
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

7764

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3518

BIRTH NO.

PLACE OF DEATH AND RESIDENCE

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN -- -- IN ARIZONA -- --		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Camelback Hospital</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>345 E. Coronado</u>	
				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

IDENTIFICATION DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>THELMA</u> B. (MIDDLE) <u>DELORES</u> C. (LAST) <u>IRVING</u>			4. SEX <u>F</u>	5. COLOR OR RACE <u>W</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>
6B. NAME OF SPOUSE -- --		7. DATE OF BIRTH MONTH DAY YEAR <u>11 6 99</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>64</u>	IF UNDER 1 YEAR MONTHS DAYS -- --	IF UNDER 24 HRS. HOURS MIN. -- --
9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Canada</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>	IF YES, WAR OR DATES OF SERVICE <u>No</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>
14A. FATHER'S NAME <u>Levi Nickerson Passmore</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>	15A. MOTHER'S MAIDEN NAME <u>Georgie Preston</u>		13. SOCIAL SECURITY NO. <u>527-70-3287</u>
16. INFORMANT'S SIGNATURE <u>X. J. [Signature]</u>			ADDRESS <u>Phoenix</u>		
			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>August 25 1964</u>		

CAUSE OF DEATH (M 18)

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Aspiration Pneumonia, left lower lobe.</u>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH <u>1-2 days.</u>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Acute Brain Syndrome (assd &amp; A/c)</u>		
19A. DATE OF OPERATION <u>none</u>	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>August 25, 1964</u> TO <u>August 25, 1964</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Aug 25, 1964</u> AND THAT DEATH OCCURRED AT <u>7A</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <u>Richard D. [Signature] MD</u>	22B. ADDRESS <u>1313 N 2 st Phx</u>	22C. DATE SIGNED <u>8/26/64</u>

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>Natural Cause</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>none</u>	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Phoenix Maricopa Ariz</u>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>none</u>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? <u>✓</u>

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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REGISTRAR'S SIGNATURE

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>8/27/64</u>	25C. NAME OF CEMETERY OR CREMATORY <u>St. Francis</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>8/25/64</u>	26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	27B. ADDRESS