

Dr. Bryant

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

224

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 115

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 159 So. Mesa Drive
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution home; In Community 23 yrs.; In Arizona 35 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 So. Mesa Drive; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____
3. (a) FULL NAME Louis Paul Cardon (b) If Veteran name was NO (c) Social Security No. None

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Ellen Cardon 6. (c) Age of husband or wife, if alive 74 yrs.

7. Birthdate of deceased March 17, 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 29 If less than one day hrs. min.

9. Birthplace Oxford, Idaho
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business _____

Father { 12. Name xx Phillipe Cardon
13. Birthplace Italy
(City, town or county) (State or Country)

Mother { 14. Maiden Name Susette Stalle
15. Birthplace Italy
(City, town or county) (State or Country)

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

7. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 6-18-47

8. (a) Embelmer's Signature R. T. Daulton 228
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

(a) June 21 1947
(Date received Local Registrar)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 15, 1947
TIME (Hour and minute) 11:20 A. M.

21. I hereby certify that I attended the deceased from May 16, 1947 to June 15, 1947
that I last saw him alive on June 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cholelithiasis & stone
and pancreatitis

Due to _____
Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within three months of death)

Major findings: none
Of operations _____

Of autopsy none

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) _____

While at work? _____ (e) Means of injury _____
23. Signature [Signature] M. D.
Address 6 So. Meldrum Date signed 6/21/47
Mesa