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BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 258

Registered No. 436

1. PLACE OF DEATH

County Maricopa State Ariz.

District or Township ..... or Village Deaconess Hospital or

City Phoenix No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Laurel Ruth Veale

(a) Residence. No. Chandler Ariz. St., ... Ward. .....

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 21 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Any should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
One	Eleven		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Chandler Ariz.
(State or country)

PARENTS

10. NAME OF FATHER Edgar R. Veale

11. BIRTHPLACE OF FATHER St Louis Mo. (city or town)
(State or country)

12. MAIDEN NAME OF MOTHER Edna Lewelling

13. BIRTHPLACE OF MOTHER High Hill (city or town)
(State or country) Mo.

14. Informant father
(Address)

15. Filed 2-19- 1926 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 27 1926

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1926 to Jan 27, 1926 that I last saw h. as alive on Jan 27, 1926 and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Fatty infiltration of the liver and kidneys of undetermined cause duration (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? at Chandler

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [signature], M. D.

Jan 27 1926 (Address) 306 Goodrich Blg

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cemetery

DATE OF BURIAL Jan 28. 26

20. UNDERTAKER [signature]

ADDRESS Mesa Ariz