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G.B. Stewart

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 391
Registrar's No. 76

1. Place of Death: (a) County Pinal. (b) City or Town Florence. (If outside city limits write RURAL) (c) Location Pinal C. Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution about 45 mo. In Community 23 yrs. (Specify whether years, months or days); In Arizona Life.
2. Usual Residence of Deceased: (a) State Ariz; (b) County Pinal; (c) City or Town Florence. (If outside city limits write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.
3. (a) FULL NAME Katie Elizabeth Weaver. (b) If veteran name war (c) Social Security No. None (If NONE write the word)

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

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

7. Birthdate of deceased Oct (Month) 24 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	7	hrs. min.

9. Birthplace Sacaton (City, town or county) Arizona (State or Country)
10. Usual Occupation Housewife.
11. Industry or Business
Father: 12. Name Peter Forback.
13. Birthplace Unknown (City, town or county) Germany. (State or Country)
Mother: 14. Maiden Name Anna Lass.
15. Birthplace Unknown (City, town or county) Kansas (State or Country)
16. (a) Informant's own signature Alva L. Weaver
(b) Address Florence Arizona
17. (a) Burial, ~~Cremation~~ or ~~Removal~~ Removal to Casa Grande
(b) Place Weaver cemetery (c) Date Nov 3 1940
18. (a) Embalmer's Signature Mary F. Plenz
(b) Funeral Director Mary Fisher Plenz.
(c) Address Casa Grande. Ariz.
19. (a) Nov. 3, 1940. (Date received local Registrar)
(b) D. O. Martin (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 31, 1940.
TIME (Hour and minute) 3 P.M. M.
21. I hereby certify that I attended the deceased from 1936, 19 to Oct. 31-40 19; that I last saw h.. alive on Oct. 31-1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to Cardio-Nephritis.
Due to
Other conditions Chronic Nephritis (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)
While at work (e) Means of injury

23. Signature G. B. Stewart M.D. M.D.
Address Florence Ariz. Date signed 11-2-40