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Martin

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 139
Registrar's No. 70

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location Rt. #1 (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution -- ; In Community 15 Yrs. (Specify whether years, months or days) ; In Arizona 65 Yrs.
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Rural, Mesa (If outside city limits also write RURAL)
(d) Street No. Rt. #1 Mesa, Arizona ; (e) If foreign born, in U. S. A. ..... yrs.
3. (a) FULL NAME Lewis Woodruf Freeman (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
Male	White	Married

6. (b) Name of husband or wife: Nettie Freeman
6. (c) Age of husband or wife, if alive 65 yrs.
7. Birthdate of deceased Feb. 13, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	8	24	hrs. ..... min. .....

9. Birthplace Washington, Utah (City, town or county) (State or Country)
10. Usual Occupation Rancher (Retired)
11. Industry or Business

Father
12. Name John W. Freeman
13. Birthplace Kentucky (City, town or county) (State or Country)

Mother
14. Maiden Name Jane Allen
15. Birthplace Missouri (City, town or county) (State or Country)

16. (a) Informant's own signature Nettie W Freeman
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Arizona (c) Date 11/9/40 19
18. (a) Embalmer's Signature P. Day Bell - 228
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) 11-13-40 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 7, 1940 ; 19 ..... ;
TIME (Hour and minute) 3:45 A. M. M.
21. I hereby certify that I attended the deceased from Nov. 6 1940 ..... 19 ..... to Nov. 7 ..... 1940 ;
that I last saw him alive on Nov. 6 ..... 1940 ;
and that death occurred on the date and hour stated above.
Immediate cause of death
Myocardial Insufficiency
Due to
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 [signature] M. D.
Address 105 W. Main Date signed 11/13/40