2354

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 117
Registrar's No. 302

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location County Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Feb. 25-41 6 days; In Community 1938-3 yrs (Specify whether years, months or days); In Arizona 1938-3 yrs
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Cave Creek (If outside city limits also write RURAL)
(d) Street No.
3. (a) FULL NAME Weight, Paul (b) If veteran name war No; (c) Social Security No. None (If NONE write the word); (e) If foreign born, in U. S. A. yrs.

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

6. (b) Name of husband or wife: Beatric Dorothy Weigt
6. (c) Age of husband or wife, if alive 44 yrs.
7. Birthdate of deceased Feb. (Month) 4 (Day) 1895 (Year)
8. AGE: Years 46 Months 2 Days 4 If less than one day hrs. min.
9. Birthplace Unknown (City, town or county) (State or Country)
10. Usual Occupation Electrician
11. Industry or Business
Father: 12. Name Edwin Weigt; 13. Birthplace Germany (City, town or county) (State or Country)
Mother: 14. Maiden Name Minnie Aldrie; 15. Birthplace Germany (City, town or county) (State or Country)
16. (a) Informant's own signature Beatrice Weigt
(b) Address Cave Creek, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 3-4 1941
18. (a) Embalmer's Signature Frank B. Healy
(b) Funeral Director Grimshaw Mortuary
(c) Address 334 W. Monroe
19. (a) Mar. 5, 1941 (Date received local Registrar)
(b) John Chiavetta, M.D. (Registrar's Signature) by H.W.

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 1, 1941; TIME (Hour and minute) 5:05 P. M.
21. I hereby certify that I attended the deceased from Feb. 25, 1941 to Mar 1st, 1941; that I last saw him alive on Mar 1st, 1941; and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac enfarct.
Due to Coronary occlusion
Due to
Other conditions Some infection in Chest (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION of attack about 3 days.

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 E. C. Wells M.D.
Address Date signed 3-2-1941