

1007

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 179

Registrar's No. 987

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 312 N 9th Ave
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 36 Yrs; In Arizona 52 Yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)

(d) Street No. 312 N 9th Ave

3. (a) FULL NAME Elizabeth E Crouse (b) If veteran name/war _____ (c) If foreign born, in U. S. A. _____ yrs. (d) Social Security No. none (If NONE write the word)

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

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

7. Birthdate of deceased June 25 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 16 If less than one day
hrs _____ min _____

9. Birthplace Owen Co Ind
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

Father { 12. Name Samuel Berger
13. Birthplace Ohio
(City, town or county) (State or Country)

Mother { 14. Maiden Name Fiscus
15. Birthplace Ohio
(City, town or county) (State or Country)

16. (a) Informant's own signature C. W. Crouse
(b) Address 312 N. 9th Ave

17. (a) Burial, Cremation or Removal Burial
(b) Place Crematorium (c) Date July 14 1941

18. (a) Embalmer's Signature Touffing
(b) Funeral Director Mortensen & King
(c) Address Phoenix, Arizona

19. (a) JUL 27 1941
(Date received local Registrar)
(b) John Chisetta
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 11 1941
TIME (Hour and minute) 11:05 A.M.

21. I hereby certify that I attended the deceased from March 1938 to July 11 1941
that I last saw him alive on July 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
Terminal pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION
1 wk
2 wks

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 R. B. Bly M.D.
Address 404 Lakeside Bldg Date signed 7-15-41