

2348

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

104

State File No. _____

Registrar No. 579

1. Place of Death: (a) County Yila (b) City or Town Clayton (c) Location Hill & Merrill Rd.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 10 yrs; In Arizona 25 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Margueta; (c) City or Town Chino
(If outside city limits also write RURAL)

(d) Street No. Hill & Merrill Rd. number 1; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Francis Edgar (b) If veteran name for _____ (c) Social Security No. 246
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Frank Edgar 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Feb 7 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 17 If less than one day hrs. _____ min. _____

9. Birthplace Bloomington Ill
(City, town or county) (State or Country)

10. Usual Occupation Lectures

11. Industry or Business _____

Father { 12. Name William George Harris
13. Birthplace _____
(City, town or county) (State or Country)

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

16. (a) Informant's own signature Vernon P. Pusep
(b) Address Box 1751, Miami, A

17. (a) Burial, Cremation or Removal Burial
(b) Place Local Cem (c) Date Aug 27 1941

18. (a) Embalmer's Signature T. Hay McLeod
(b) Funeral Director T. Hay McLeod
(c) Address Miami Beach

19. (a) August 27, 1941
(Date received local Registrar)

(b) Alison D. Grayson
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 27 1941
TIME (Hour and minute) 5:30 P M

21. I hereby certify that I attended the deceased from Aug 21, 1941 to Aug 24, 1941; that I last saw her alive on Aug 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____
Due to _____

Other conditions arteriosclerosis of brain
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION

6 weeks

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 Russell P. Merced M. D.
Address Miami - Aug Date signed 8/27/41