

2798

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

93

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. 16 Hill St 63

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 16 Hill St  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 21 yrs; In Arizona 45 yrs  
(Specify whether years, months or days)

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

(d) Street No. 16 Hill St; (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.

3. (a) FULL NAME Laura Frances O'Leary (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_ (c) Social Security No. None  
(If NONE write the word)

Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband <u>Arthur V. O'Leary</u>		6. (c) Age of husband <u>72 yrs.</u>
7. Birthdate of deceased <u>Sept 25 1870</u> (Month) (Day) (Year)		
8. AGE: Years <u>70</u>	Months <u>11</u>	Days <u>6</u>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>Jefferson Co. Mo.</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business _____		
Father	12. Name <u>John W. Baker</u>	
	13. Birthplace <u>Unknown</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Susan Heart Baker</u>	
	15. Birthplace <u>Unknown</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Arthur O'Leary Jr.</u>		
(b) Address <u>24 Hill St Lower Miami</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>Parial</u>		(c) Date <u>Sept 5 1941</u>
18. (a) Embalmer's Signature <u>J. Hey Miles Jr.</u>		
(b) Funeral Director <u>Miles Mortuary</u>		(c) Address <u>Miami Ariz.</u>
19. (a) <u>September 6 1941</u> (Date received local Registrar)		
<u>Nelson D. Drayton</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 3, 1941;  
TIME (Hour and minute) 6 am M.

21. I hereby certify that I attended the deceased from Sept 3, 1941 to Sept 8, 1941;  
that I last saw h. live alive on Sept 3, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Arteriosclerosis with Hypertension → 10 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

DURATION 30 minutes

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) none

(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? none  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Louise M. Brown M. D.  
Address Miami Ariz. Date signed Sept 3 - 41