

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 287

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 1646 East Jefferson Street
 (If outside city limits also write RURAL) (St. & No. (d) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 7 Months; In Arizona 7 Months
 (Specify whether years, months or days)

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

(d) Street No. 77 Tauce Avenue

3. (a) FULL NAME Rosie Flanagan (b) If veteran name was None (c) Social Security No. None
 (If NONE write the word)

4. Sex Female 5. Color or Race Colored 6. (a) Single, married, widowed Widowed
 6. (b) Name of husband Van Brown Flanagan 6. (c) Age of husband _____
 or wife, if alive _____ yrs.

7. Birthdate of deceased July 27th 1911
 (Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 26 If less than one day
 hrs. _____ min. _____

9. Birthplace Marshall, Texas
 (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

Father { 12. Name Sylvester Sneed
 13. Birthplace Marshall, Texas
 (City, town or county) (State or Country)

Mother { 14. Maiden Name Alice Dehays
 15. Birthplace Marshall, Texas
 (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Alice D. Lacy
 (b) Address 1646 East Jefferson Street

17. (a) Burial, Cremation or Removal Burial
 (b) Forest Lawn (c) Date July 20th 1942

18. (a) Embalmer's Signature Deland N. Ward
 (b) Funeral Director East Lake Mortuary
 (c) Address 1641 East Jefferson Street

19. (a) Feb 24 1942
 (Date received local Registrar)

(b) Lois Hughes
 (Registrar's Signature)

20M 100% Reg 3/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 18th 1942
 TIME (Hour and minute) 2:35 o'clock 42 A. M.

21. I hereby certify that I attended the deceased from Jan. 6
 1942 to July 18-42
 that I last saw her alive on July 18-42

and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy None

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? _____ (Specify type of injury)

23. Signature [Signature] M.D.
 Address 216 East 8th St. Date signed 2/19/48