164

352

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. 67

1. Place of Death: (a) County Maricopa (b) City or Town Mesa, (If outside city limits also write RURAL) (c) Location Southside Dist. Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution One Day; In Community Nine years; In Arizona 57 years (Specify whether years, months or days)

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

(d) Street No. 503 E. 5th Ave. & Johnson St.; (e) If foreign born, in U. S. A. no yrs.

3. (a) FULL NAME Albert Joseph Brewer (b) If veteran name war No (c) Social Security No. no (If NONE write the word)

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

6. (b) Name of husband or wife: Josephine P. Brewer
6. (c) Age of husband or wife, if alive 63 yrs.

7. Birthdate of deceased Nov. (Month) 9, (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	4	27	hrs. ..... min. .....

9. Birthplace Big Cottonwood, (City, town or county) Utah (State or Country)

10. Usual Occupation Farming - Stockraising

11. Industry or Business .....

Father { 12. Name Joseph Smith Brewer
13. Birthplace not known (City, town or county) Utah (State or Country)

Mother { 14. Maiden Name Betsy Crandell
15. Birthplace Not known (City, town or county) Southern States (State or Country)

16. (a) Informant's own signature Mrs Josephine Brewer
(b) Address 503 E. 5th Ave, Mesa, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Pinedale, Arizona (c) Date April 7 1942

18. (a) Embalmer's Signature Loren V. Guthrie, Jr.
(b) Funeral Director Loren V. Guthrie, Jr.
(c) Address 40 N. Center St. Mesa, Arizona

19. (a) 4-7-42 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 5, 1942;
TIME (Hour and minute) 2:15 PM.

21. I hereby certify that I attended the deceased from April 4, 1942 to April 5, 1942 that I last saw him alive on April 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

DURATION
2 days
10 yrs

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 [signature] M.D.
Address Mesa Ariz. Date signed 4-6-42