Dr. Grissee

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

283
State File No. 1128
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 208 N. 21st. Ave (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution -- ; In Community 1 Yr. ; in Arizona 43 yrs. (Specify whether years, months or days)

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

(d) Street No. 208 N. 21st Ave Phoenix, Arizona ; (e) Citizen of foreign country (yes or No) No If Yes, which country

3. (a) FULL NAME Frank Dees (b) If Veteran name war -- Social Security No. (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Hilda Dees
6. (c) Age of husband or wife, if alive ... yrs.
7. Birthdate of deceased: Feb. 7, 1880 (Month) (Day) (Year)
8. AGE: Years 62 Months 7 Days 21 If less than one day hrs. ... min. ...
9. Birthplace: Texas (City, town or county) (State or Country)
10. Usual Occupation: Farming
11. Industry or Business:

Father
12. Name: Noah Pose Dees
13. Birthplace: Georgia (City, town or county) (State or Country)

Mother
14. Maiden Name: Margaret Ann Short
15. Birthplace: Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature: Hilda Dees
(b) Address: 208 N. 21 Ave. Phoenix, Ariz.

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Mesa, Arizona (c) Date: 9/30, 1942

18. (a) Embalmer's Signature: P. Daybell-228
(b) Funeral Director: Meldrum Mortuary
(c) Address: Mesa, Arizona

19. (a) SEP 30 1942 (Date received local Registrar)
(b) Dillon J. Hughes M.M. (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 28, 1942, 19...;
TIME (Hour and minute) 8 P.M. M.

21. I hereby certify that I attended the deceased from August 3rd, 1942 to Sept 28, 1942, that I last saw him alive on Sept. 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia - Dehydration
Due to: Hypertension Cardiovascular - Renal Disease
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: not done

DURATION
Sev. mos
sev. 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: Burl Grissee M. D.
Address: 444 Prof Bldg Date signed: Sept 30th 4