676

154

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No. 1363

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1822 W. Monroe St. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ——; In Community 14 days (Specify whether years, months or days); in Arizona Life 57 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Mayer (If outside city limits also write RURAL)
(d) Street No. 1822 W. Monroe Street (Phoenix); (e) Citizen of foreign country (yes or No)
If Yes, which country (If NONE write the word)
3. (a) FULL NAME Joseph Howard Crane (b) If Veteran name war [signature] Social Security No. 526-07-0596

4. Sex Male | 5. Color or Race White | 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Mary Huffman Crane | 6. (c) Age of husband or wife, if alive 55 yrs.
7. Birthdate of deceased Dec (Month) 21 (Day) 1884 (Year)
8. AGE: Years 57 | Months 10 | Days 5 | If less than one day hrs. min.
9. Birthplace Athanum (City, town or county) Wash (State or Country)
10. Usual Occupation Mining
11. Industry or Business
Father 12. Name Joseph H. Crane
13. Birthplace unknown (City, town or county) (State or Country)
Mother 14. Maiden Name Jane F. Kinney
15. Birthplace unknown (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs A.A. Thiele
(b) Address 1822 W. Monroe St.
17. (a) Burial, Cremation or Removal Burial
(b) Place St Francis (c) Date 10-10 1942
18. (a) Embalmer's Signature L. M. Martensen
(b) Funeral Director Martensen-Kingsley
(c) Address 1020 W. Wash. St.
19. (a) OCT 10 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 6 — 1942;
TIME (Hour and minute) 10:30 am M.
21. I hereby certify that I attended the deceased from Seen once on Oct. 5, 1942 only, 19 to 19
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Tumor of Right chest
Due to
Due to Cancer of bronchi
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
not known

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 Phoenix Date signed Oct. 8, 1942