1292

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 258
Registrar's No. 1634

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1119 Grand Ave. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 40 Yrs. (Specify whether years, months or days); in Arizona 40 Yrs.

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. 1118 Grand Ave.; (e) Citizen of foreign country (yes or No) No

If Yes, which country None (If NONE write the word)

3. (a) FULL NAME Ida Mae Harter (b) If Veteran name war No Social Security No. No

4. Sex: Female
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased June 16, 1891 (Month) (Day) (Year)

8. AGE: Years 51 | Months 5 | Days 7 | If less than one day hrs. min.

9. Birthplace Roanoake, Virginia (City, town or county) (State or Country)

10. Usual Occupation At home

11. Industry or Business

Father
12. Name James Brent
13. Birthplace Virginia (City, town or county) (State or Country)

Mother
14. Maiden Name Annie Bowles
15. Birthplace Virginia (City, town or county) (State or Country)

16. (a) Informant's own signature Stanley B. Harter
(b) Address 1119 Grand Ave., Phx., Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood, Phx (c) Date Nov. 25 19 42

18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A. L. MOORE AND SONS
(c) Address 333 W. Adams, Phoenix, Arizona

19. (a) DEC 8 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Reg 8-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 23, 19 42;
TIME (Hour and minute) 11:00 P. M.

21. I hereby certify that I attended the deceased from Mar. 21, 1942, 19 to Nov. 23, 1942, 19; that I last saw her alive on Nov. 23, 1942, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma involving liver, spleen and other organs.

Due to no

Due to no

Other conditions no (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

DURATION: uncertain as to date of onset.

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] D.O. ~~M. D.~~
Address 422 Swcurity Bldg, Phoenix, Ariz. Date signed