2449

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 251
Registrar's No. 82

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 724 E. Roosevelt (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 10 yrs (Specify whether years, months or days) ; In Arizona 10 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. 724 E. Roosevelt ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Anna Lucy Dowe (b) If veteran name war (c) Social Security No. (If NONE write the word)

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive Widow yrs.

7. Birthdate of deceased July (Month) 30 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
87	5	16	hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business

Father
12. Name William Kidd
13. Birthplace La. (City, town or county) (State or Country)

Mother
14. Maiden Name Roena Mitchel
15. Birthplace La. (City, town or county) (State or Country)

16. (a) Informant's own signature L. H. Dowe
(b) Address 724 E. Roosevelt

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood Date Jan. 19 1943

18. (a) Embalmer's Signature
(b) Funeral Director A. H. McLellan
(c) Address 617 N. Central

19. (a) JAN 18 1943 (Date received local Registrar)
(b) (Registrar's Signature)

20M 100% 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 17, 1943;
TIME (Hour and minute) 9:25 P.M. M.

21. I hereby certify that I attended the deceased from Jan 10, 1943 to Jan 17, 1943 that I last saw her alive on Jan 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (e) Means of injury

23. Signature M. D.
Address Date signed Jan 18, 1943