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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. 578

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 811 S. 13th Ave (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 14 Years ; in Arizona 15 Years (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. 811 S. 13th Ave ; (e) Citizen of foreign country (yes or No) If Yes, which country

3. (a) FULL NAME Corine Davis (b) If Veteran name war 33 (c) Social Security No. none

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

6. (b) Name of husband or wife: Handy Davis
6. (c) Age of husband or wife, if alive 35 yrs.

7. Birthdate of deceased Nov. 15, 1909 (Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 20 If less than one day hrs. min.

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

10. Usual Occupation At Home

11. Industry or Business

Father: 12. Name Tom Taylor
13. Birthplace Brennan, Texas (City, town or county) (State or Country)

Mother: 14. Maiden Name Ellen Pass
15. Birthplace Floresville, Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Handy Davis
(b) Address 811 S. 13th Ave

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date Apr 7 1943

18. (a) Embalmer's Signature Henry T. Forman
(b) Funeral Director Eastlake Mortuary
(c) Address 1641 E. Jefferson

19. (a) APR 5 1943 (Date received local Registrar)
(b) Dr Cort J Hughes M.M. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 4, 1943 ;
TIME (Hour and minute) 10:30 A. M. M.

21. I hereby certify that I attended the deceased from March 7, 1943, to April 4, 1943 ;
that I last saw her alive on April 4-43, 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute endo-carditis -

Due to Acute Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

DURATION 4 mos.

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 N. J. Hightower M. D.
Address 185 - 948 Date signed 4/5/43

20M 100% Rag 8-42 B. Co. County File No. Date Received