1736

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 309a

Registrar's No.

ARD CERTIFICATE OF DEATH
TMENT OF COMMERCE
U OF THE CENSUS

e of Death: (a) County Maricopa (b) City or Town Peoria, rural (If outside city limits also write RURAL) (c) Location Lat. I8, between P&O Ave. (St. & No. (or) Name of Institution)

ngth of Stay: In Hospital or Institution none; In Community 3½ months (Specify whether years, months or days); In Arizona 2 yrs. 3 mo

al Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Peoria, rural (If outside city limits also write RURAL)

reet No. Lat. I8 between P & O Ave.; (e) If foreign born, in U. S. A. ..... yrs.

FULL NAME Norma Fay Graves (b) If veteran name war ..... (c) Social Security No. none (If NONE write the word)

x	5. Color or Race	6. (a) Single, married, widowed or divorced
female	white	single

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

rthdate of deceased Jan. 26, 1941 (Month) (Day) (Year)

GE: Years	Months	Days	If less than one day
2	3	2	hrs. ..... min. .....

irthplace Coolidge, Arizona (City, town or county) (State or Country)

sual Occupation none

ndustry or Business

. Name W.E. Graves

. Birthplace Blanchard, Oklahoma (City, town or county) (State or Country)

. Maiden Name Viola Faultner

. Birthplace Davenport, Oklahoma (City, town or county) (State or Country)

a) Informant's own signature W.E. Graves

b) Address Lat. I8 & P Ave.

(a) Burial, Cremation or Removal Burial

(b) Place Tempe (c) Date 4-30 1943

(a) Embalmer's Signature G. L. Leonard

(b) Funeral Director Hausner-Leonard

(c) Address 49 So. 2nd Ave. Glendale

(a) Sept 20-43 (Date received local Registrar)

(b) W. O. Beth (Registrar's Signature)

100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 28, 1943;

TIME (Hour and minute) 5 P. M.

21. I hereby certify that I attended the deceased from April 28, 1943 to April 28, 1943;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Drowning - I did not see child alive - but there was no doubt as to the cause.

Due to

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) Accident

(b) Date of occurrence April 28-43

(c) Where did injury occur? Glendale (City or Town) Maricopa (County) Ariz. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Canal Internal (Specify type of place)

While at work? (e) Means of injury Drowning

23. Signature [signature] M. D.

Address Glendale Ariz. Date signed 4-29-43