2232

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 183
Registrar's No. 798

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 2538 N. Richland (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. 2538 N. Richland ; (e) Citizen of foreign country (yes or No) No
If Yes, which country None
3. (a) FULL NAME Jourdan L. Ashby (b) If Veteran name war ------ (c) Social Security No. -----

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

6. (b) Name of husband or wife Mary G. Ashby
6. (c) Age of husband or wife, if alive 76 yrs.
7. Birthdate of deceased January 26, 1860 (Month) (Day) (Year)
8. AGE: Years 83 | Months 3 | Days 11 | If less than one day hrs. min.
9. Birthplace Lebanon, Tennessee (City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business
Father: 12. Name Unk
13. Birthplace (City, town or county) Unk (State or Country)
Mother: 14. Maiden Name Unk
15. Birthplace (City, town or county) Unk (State or Country)
16. (a) Informant's own signature Mary G. Ashby
(b) Address 2538 N. Richland, Phx., Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood, Phx. (c) Date May 10 19 43
18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A. L. Moore and Sons
(c) Address 333 W. Adams, Phx., Ariz.
19. (a) MAY 17 1943 (Date received local Registrar)
(b) Dr Cort J Hughes (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 7, 1943, 19 ;
TIME (Hour and minute) 2:30 P. M.
21. I hereby certify that I attended the deceased from April 7 to May 7, 1943 to , 19 ;
that I last saw him alive on May 5, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy Cerebral hemorrhage
Due to age
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 Harry Welch M. D.
Address Phoenix Arizona Date signed

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