2438

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 281
Registrar's No. 895

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

(d) Length of Stay: In Hospital or Institution 11 Days; In Community 15 Yrs (Specify whether years, months or days); in Arizona 15 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. Wickenburg Ariz; (e) Citizen of foreign country (yes or No) No If Yes, which country

3. (a) FULL NAME Laury H. Mc Almond (b) If Veteran name war (c) Social Security No. None

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

6. (b) Name of husband or wife Rejina 6. (c) Age of husband or wife, if alive 62 yrs.

7. Birthdate of deceased Dec (Month) 21 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
72	5	20	hrs. ___ min. ___

9. Birthplace Potero (City, town or county) San Diego (State or Country) Calif

10. Usual Occupation Carpenter

11. Industry or Business

Father: 12. Name Harry Mc Almond
13. Birthplace Unknown (City, town or county) Unknown (State or Country)

Mother: 14. Maiden Name Agnes Unknown
15. Birthplace Unknown (City, town or county) Unknown (State or Country)

16. (a) Informant's own signature Mrs Rejina McAlmond
(b) Address 103 E. Fern St. Phoenix.

17. (a) Burial, Cremation or Removal Removal
(b) Place Wickenburg, Ariz Date June 3, 1943

18. (a) Embalmer's Signature L M Mortensen
(b) Funeral Director Mortensen -Kingsley
(c) Address 1020 W. Wash

19. (a) JUN 2 1943 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 31, 1943; TIME (Hour and minute) 5:45 P M.

21. I hereby certify that I attended the deceased from May 20, 1943 to May 31, 1943; that I last saw him alive on May 31, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Arteriosclerosis, generalized.	10 years
Due to —	
Due to —	
Other conditions Arteriosclerotic (Include pregnancy within 3 months of death)	
Major findings: Gangrene of left foot	1 month
Of operations —	
Of autopsy —	

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 Matthew Cooler M. D.
Address Phoenix Ariz Date signed 6-2-43

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