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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 282
Registrar's No. 1207

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

(d) Length of Stay: In Hospital or Institution ; In Community 1 Day (Specify whether years, months or days) ; in Arizona 1 Day

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. Rice Hotel, East Jefferson ; (e) Citizen of foreign country (yes or No) If Yes, which country

3. (a) FULL NAME Floyd Edward Morrow (b) If Veteran name war (c) Social Security No.

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

6. (b) Name of husband or wife

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

7. Birthdate of deceased July 25, 1943 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
		1	hrs. min.

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

10. Usual Occupation None

11. Industry or Business

Father
12. Name Obis Morrow
13. Birthplace Bewey Co, Texas (City, town or county) (State or Country)

Mother
14. Maiden Name Florabell Davis
15. Birthplace Potawater Co., Okla. (City, town or county) (State or Country)

16. (a) Informant's own signature Obis Morrow
(b) Address Rice Hotel

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date July 28 19 43

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Eastlake Mortuary
(c) Address 1641 E. Jefferson

19. (a) AUG 5 [illegible] (Date received local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 26, 19 43 ;
TIME (Hour and minute) 7:30 P. M.

21. I hereby certify that I attended the deceased from July 25, 19 43 to July 26, 19 43 ;
that I last saw him alive on July 26, 19 43 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Cranition

DURATION 1 day

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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 [illegible] M. D.
Address [illegible] Date signed 7/30/43

20M 100% Rag 8-42 B. Co.

County File No. Date Received