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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 131

Registrar's No. 1257

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1990 W. Camelback (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution home; In Community 24 yrs.; in Arizona 54 yrs. (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. 1990 W. Camelback (e) Citizen of foreign country (yes or No) ____ If Yes, which country ____

3. (a) FULL NAME Roswell Emerson Crouse (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 Eliza Kay 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased May 26, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	2	13	hrs. ____ min. ____

9. Birthplace Harmony, Indiana (City, town or county) (State or Country)

10. Usual Occupation Farmer, Merchant, Real Estate

11. Industry or Business ____

Father { 12. Name Cornelius W. Crouse; 13. Birthplace Coal City, Indiana (City, town or county) (State or Country)

Mother { 14. Maiden Name Elizabeth E. Burger; 15. Birthplace Coal City, Indiana (City, town or county) (State or Country)

16. (a) Informant's own signature Eliza K. Crouse

(b) Address 1990 W. Camelback

17. (a) Burial, Cremation or Removal Burial

(b) Place Greenwood (c) Date 8/11/43 19

18. (a) Embalmer's Signature L. M. Mortensen

(b) Funeral Director Mortensen-Kingsley

(c) Address 1020 W. Wash.

19. (a) AUG 19 1943 (Date received local Registrar)

(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 8, 1943, 19____;

TIME (Hour and minute) 2:15 A. M. M.

21. I hereby certify that I attended the deceased from Date of Death, 19____ to ____, 19____; that I last saw h____ alive on Dead when seen, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Coronary Thrombosis	A few Days
Due to Sclerosis, Coronary	Sev. yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ____ Of autopsy No 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 [signature] M. D.

Address 408 Prof Bldg. Date signed 8-16-43

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