4587

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6275
Registrar's No. 1467

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (If outside city limits also write RURAL) (c) Location GOOD SAMARITAN HOSPITAL (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ✓; In Community 5 YEARS (Specify whether years, months or days); in Arizona 5 YEARS

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. LATERAL 14 & CHRISTY ROAD; (e) Citizen of foreign country (yes or No) /; If Yes, which country

3. (a) FULL NAME ANNIE HARAMBASIC (HARAMBASIC) (b) If Veteran name war (c) Social Security No.

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
FEMALE	WHITE	SINGLE

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

7. Birthdate of deceased Sept. 19, 1938 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
5		2	hrs. ... min.

9. Birthplace PHOENIX, ARIZONA (City, town or county) (State or Country)

10. Usual Occupation AT HOME

11. Industry or Business

Father
12. Name BASIL ~~HARAMBASIC~~ HARAMBASIC
13. Birthplace CROATIA (City, town or county) (State or Country)

Mother
14. Maiden Name KATIE VERBOS
15. Birthplace CROATIA (City, town or county) (State or Country)

16. (a) Informant's own signature BASIL HARAMBASIC
(b) Address RT 3 BOX 584, PHX.

17. (a) Burial, Cremation or Removal BURIAL
(b) Place ST. FRANCIS (c) Date 9-27-1943

18. (a) Embalmer's Signature LEO NUSSBAUM
(b) Funeral Director WHINTEY FUNERAL HOME
(c) Address PHOENIX, ARIZONA.

19. (a) SEP 28 1943 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9-21-43, 19..;
TIME (Hour and minute) 6:05 P. M.

21. I hereby certify that I attended the deceased from 9-20, 1943 to 9-21, 1943; that I last saw her alive on 9-21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — DURATION 4-5 days

Due to Diphtheria — Throat, nose, trachea.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 404 Luhrs Bldg Phoenix Date signed 9/24/43

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