2623

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 141
Registrar's No. 1668

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1810 N 11 Street (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 72 years ; in Arizona 73 years (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. 1810 N 11th Street ; (e) Citizen of foreign country (yes or No) ; If Yes, which country

3. (a) FULL NAME Mrs. Ida Martha Holmes (b) If Veteran name war (c) Social Security No.

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

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

7. Birthdate of deceased Feb. 14, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	8	23	hrs. ... min.

9. Birthplace Denton County, Texas (City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business

Father
12. Name Jsmes Davis
13. Birthplace Ohio (City, town or county) (State or Country)

Mother
14. Maiden Name Walker
15. Birthplace Missouri (City, town or county) (State or Country)

16. (a) Informant's own signature George Holmes
(b) Address 1810 North 11 Street, PHX

17. (a) Burial, Cremation or Removal ~~Burial~~ Entombment
(b) Place Greenwood Mausoleum (c) Date 11-9-43 19

18. (a) Embalmer's Signature Leo Nussbaum
(b) Funeral Director Whitney Funeral Home
(c) Address 330 N 2nd Ave., Phoenix, Arizona.

19. (a) NOV 8 [redacted] (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11-6-43, 19 ;
TIME (Hour and minute) 3 P. M.

21. I hereby certify that I attended the deceased from Nov 5, 1943 to Nov 6, 1943 ; that I last saw her alive on Nov 6, 1943 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic arthritis

Due to Hypertension (blood)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

DURATION: 24 hrs; 3 years; 3 years

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 Phoenix Ary Date signed Nov 8-43

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