STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 190
Registrar's No. 18824

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

(d) Length of Stay: In Hospital or Institution 4 Days; In Community 17 Years (Specify whether years, months or days); in Arizona 17 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. 1802 E. Jackson; (e) Citizen of foreign country (yes or No)..... If Yes, which country.....

3. (a) FULL NAME Fonnie Mae Clark (b) If Veteran name war..... (c) Social Security No.....

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

6. (b) Name of husband or wife: Carl Clark

6. (c) Age of husband or wife, if alive 58 yrs.

7. Birthdate of deceased March 27, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	8	12	hrs..... min.....

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

10. Usual Occupation Housewife

11. Industry or Business.....

Father
12. Name Frank Jackson
13. Birthplace Anna, Texas (City, town or county) (State or Country)

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

16. (a) Informant's own signature Carl Clark
(b) Address 1802 E. Jackson

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

18. (a) Embalmer's Signature Henry J. Forman
(b) Funeral Director Eastlake Mortuary
(c) Address 1841 E. Jefferson

19. (a) DEC 15 1943 (Date received local Registrar)
(b) Dr Leon J Hughes M.D. (Registrar's Signature)

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

County File No. ..... Date Received .....

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 9th. 1943, 19..... ;
TIME (Hour and minute) 8:30 P.M.

21. I hereby certify that I attended the deceased from 12-6-43, 19..... to 12-9-43 19..... ;
that I last saw h.e alive on 12-9-43, 19..... ;
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerating Phaeochromocytoma 2 Pneumonia

Due to Pernicious anemia

Due to.....

Other conditions Uterine Fibromyomata
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autops Pernicious anemia Fibromyomata Uterus

DURATION
4 days
unknown
?

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 12-12-43 Date signed
403 Orf. Bldg.