STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 169
Registrar's No. 6

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

(d) Length of Stay: In Hospital or Institution 6 days; In Community 2 months (Specify whether years, months or days); In Arizona 60 Yrs.

2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Pinedale (If outside city limits also write RURAL)

(d) Street No. Pinedale, Arizona; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME William Rufus Brewer (b) If Veteran name war — (c) Social Security No. none

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ] White

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Lucretie W. Brewer

6. (c) Age of husband or wife, if alive 63 yrs.

7. Birthdate of deceased Oct. 16, 1875 (Month) (Day) (Year)

8. AGE: Years 68 | Months 2 | Days 21 | If less than one day. hrs. min.

9. Birthplace Virgin City, Utah (City, town or county) (State or Country)

10. Usual Occupation Farming

11. Industry or Business Retired

Father
12. Name Joseph Smith Brewer
13. Birthplace New York (City, town or county) (State or Country)

Mother
14. Maiden Name Betsy Crandall
15. Birthplace Mich. (City, town or county) (State or Country)

16. (a) Informant's own signature Lucretie Brewer
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Pinedale, Ariz. (c) Date 1/5/44, 19

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) Jan. 5, 1944 (Date received Local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 5, 1944, 19
TIME (Hour and minute) 4:10 A.M. M.

21. I hereby certify that I attended the deceased from 1-1-44, 19 to 1-5-44, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death heart dilation — DURATION 3 yrs.

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 Mesa Ariz. Date signed 1-5-44

18 30M—100% Rag—5/21/43