2030

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 569

Registrar's No. 304 @

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location 142 S. Marina St. (St. & No. (or) Name of institution)

(d) Length of Stay: In Hospital or Institution 0; In Community 8 Years (Specify whether years, months or days); in Arizona 66 Years

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

(d) Street No. 142 S. Marina St.; (e) Citizen of foreign country (yes or No) no If Yes, which country

3. (a) FULL NAME Mrs. Ida C. Crozier (b) If Veteran name war 0 (c) Social Security No. 0

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

6. (b) Name of husband or wife: Samuel Crozier | 6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased: July (Month) 21, (Day) 1861. (Year)

8. AGE: Years 82 | Months 7 | Days 14 | If less than one day hrs. ____ min.

9. Birthplace: No record (City, town or county) California (State or Country)

10. Usual Occupation: At home

11. Industry or Business:

Father: 12. Name: Thomas Baker
13. Birthplace: (City, town or county) Va. (State or Country)

Mother: 14. Maiden Name: Mercer
15. Birthplace: (City, town or county) Ohio. (State or Country)

16. (a) Informant's own signature: Frank S. Crozier
(b) Address: Prescott, Arizona.

17. (a) Burial, Cremation or Removal: Removal
(b) Place: Kingman, Ariz. (c) Date: Mar. 7, 19 44

18. (a) Embalmer's Signature: C. H. Lyberg
(b) Funeral Director: Lester Ruffner
(c) Address: Prescott, Arizona.

19. (a) March 8, 1944 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): Mar. 5, 19 44;
TIME (Hour and minute): 11:10 A. M.

21. I hereby certify that I attended the deceased from November, 1943 to March 4, 1944; that I last saw her alive on March 4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — DURATION: 24 hrs
Due to: Chronic Myocarditis — 2 years
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: Florence B. Yount M. D.
Address: Prescott, Arizona. Date signed: Mar. 7, 1944

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

County File No. ____ Date Received ____