2043

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 581
Registrar's No. 316 C

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location PRESCOTT COMMUNITY HOSPITAL (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 21 days; In Community 21 days; in Arizona 25 Years (Specify whether years, months or days)

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

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

3. (a) FULL NAME Evert Breckenridge (b) If Veteran name war (c) Social Security No. 527-05-4123

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

6. (b) Name of husband or wife Mrs. Elva Breckenridge 6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased June (Month) 9, (Day) 1887. (Year)

8. AGE: Years 56 Months 9 Days 6 If less than one day hrs. ____ min. ____

9. Birthplace Knightstown, (City, town or county) Ind. (State or Country)

10. Usual Occupation Miner

11. Industry or Business

Father
12. Name Robert Breckenridge
13. Birthplace (City, town or county) Ind. (State or Country)

Mother
14. Maiden Name No record
15. Birthplace (City, town or county) Ind. (State or Country)

16. (a) Informant's own signature Mrs. Elva Breckenridge
(b) Address Mayer, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott, Ariz (c) Date Mar. 18 1944

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

19. (a) March 22. 1944 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 15, 1944; TIME (Hour and minute) 11:55 P. M.

21. I hereby certify that I attended the deceased from Feb 22, 1944 to March 15, 1944; that I last saw him alive on March 15, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Lung

Of autopsy

DURATION: 1yr

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 Prescott, Arizona Date signed Mar. 18, 1944

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