

2692

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 266
Registrar's No. 1999139
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 1317 E Coronado
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 1 month; In Arizona 1 month
(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. 1317 E Coronado (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____

3. (a) FULL NAME Patricia Beverly Warriner (b) If Veteran name war. -- (c) Social Security No. _____

4. Sex F 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced _____

6. (b) Name of husband William A Warriner III 6. (c) Age of husband or wife, if alive 25 yrs.

7. Birthdate of deceased September 13, 1917
(Month) (Day) (Year)

8. AGE: Years 26 Months 11 Days 14 If less than one day hrs. _____ min. _____

9. Birthplace Appleton, Wisconsin
(City, town or county) (State or Country)

10. Usual Occupation At home

11. Industry or Business _____

12. Name Maxwell

13. Birthplace Unk.
(City, town or county) (State or Country)

14. Maiden Name Marguerite O'Reilly

15. Birthplace Joliet Illinois
(City, town or county) (State or Country)

16. (a) Informant's own signature William A Warriner III
(b) Address 1317 E Coronado, Phoenix, Arizona

17. (a) Burial, Cremation or Removal burial
(b) Place Mesa (c) Date August 30 44

18. (a) Embalmer's Signature Stanley Clogg
(b) Funeral Director A L Moore and Sons
(c) Address 333 W Adams St., Phoenix, Arizona

19. (a) AUG 28 1944
(Date received by Registrar)

(b) Dr. Art J. Hughes
(Registrar's Signature)

M. M.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 27, 1944
TIME (Hour and minute) 8:00 A M.

21. I hereby certify that I attended the deceased from 8-26, 1944 to 8-26, 1944;

that I last saw him alive on 8-26, 1944;

and that death occurred on the date and hour stated above.

Immediate cause of death Compensatory heart failure

Due to chronic myocarditis

Due to chronic asthma

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature D. S. Carlson M. D.
Address Prunov Clinic date signed 8-28-44

DURATION

2 days

1 yr.

5 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically