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# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. 106
Registrar's No. 1724

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Mcpo. (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Sam. Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 1 mo (Specify whether years, months or days) ; In Arizona 1 mo
2. Usual Residence of Deceased: (a) State New Mexico; (b) County Eddy ; (c) City or Town Hope (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME George Emzy Conn (b) If Veteran name war (c) Social Security No.

4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased Oct. (Month) 24 (Day) 1889 (Year)
8. AGE: Years 55 Months 0 Days 8 If less than one day hrs. min.
9. Birthplace Mason Co. (City, town or county) Texas (State or Country)
10. Usual Occupation Laborer
11. Industry or Business
Father 12. Name Jesse J. Conn
13. Birthplace (City, town or county) Texas (State or Country)
Mother 14. Maiden Name Margaret Pierce
15. Birthplace (City, town or county) Texas (State or Country)
16. (a) Informant's own signature Mrs. Nina Turley
(b) Address 1733 E. Apache
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 11/7 1944
18. (a) Embalmer's Signature Robt. E. Fitzgerald #2631
(b) Funeral Director Hal Grimshaw
(c) Address 334 W. Monroe
19. (a) NOV 6 1944 (Date received Local Registrar)
(b) Robert J Hughes (Registrar's Signature) M.M.

### MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 2, 1944;
TIME (Hour and minute) 7:40 P. M.
21. I hereby certify that I attended the deceased from 10-22, 1944 to 11-2, 1944;
that I last saw him alive on 11-1-, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of lungs
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
3 mos

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 Howell Randolph M. D.
Address Phoenix Date signed 11-4-44