1846

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 186
Registrar's No. 1446

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 2020 E. Van Buren (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 2 Yrs (Specify whether years, months or days); In Arizona 2 Yrs

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. 2020 E. Van Buren ; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country

3. (a) FULL NAME George William Law (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
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Mar. 15, 1873 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 26 If less than one day hrs. min.

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

10. Usual Occupation Retired

11. Industry or Business

Father
12. Name William Law
13. Birthplace Jefferson Co. Indiana (City, town or county) (State or Country)

Mother
14. Maiden Name Ann Lewis
15. Birthplace Jefferson Co. Indiana (City, town or county) (State or Country)

16. (a) Informant's own signature Leona Case
(b) Address 2006 E. Van Buren

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date Dec. 14 19 44

18. (a) Embalmer's Signature Robert E. Fitzgerald
(b) Funeral Director Hal Grimshaw
(c) Address Phoenix, Arizona

19. (a) DEC 15 1944 (Date received Local Registrar)
(b) Delbert J. Hughes M. D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 11, 19 44
TIME (Hour and minute) 12:30 A.M. M.

21. ~~I hereby certify that I attended the deceased from~~ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED on 12-11-44, 19 ~~19~~ ~~to~~ ~~that I last saw it alive~~ on ~~19~~ and that death occurred on the date and hour stated above.

Immediate cause of death apparently myocardial insufficiency

Due to history of persistent attacks of indigestion with precordial pain

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION

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 O. C. WEST, M. D. ~~MEDICAL EXAMINER~~ O. C. West M. D.
Address COUNTY ATTORNEY'S OFFICE MARICOPA COUNTY, ARIZONA Date signed DEC 14 1944