

1878

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

219

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 1966
Good Samaritan Hosp.
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community 4 yrs.; In Arizona 4 yrs.
(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. 335 E Colter; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME Edith Stobo Cave (b) If Veteran name war no (c) Social Security No. none

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

6. (b) Name of husband or wife F R Cave 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased July 8, 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 7 If less than one day hrs. _____ min. _____

9. Birthplace Elmira, New York
(City, town or county) (State or Country)

10. Usual Occupation Osteopath-ret.

11. Industry or Business _____

12. Name Alexander Stobo

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

14. Maiden Name Mary Solover

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

16. (a) Informant's own signature Mrs Louise Thornburg

(b) Address 335 E Colter, Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Cremation

(b) Place Greenwood-Phx. (c) Date Dec 18, 1944

18. (a) Embalmer's Signature Stanley Clegg

(b) Funeral Director A L Moore & Sons

(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) _____ (Date received Local Registrar) DEC 18 1944

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 15, 1944
TIME (Hour and minute) 4:05 P. M.

21. I hereby certify that I attended the deceased from Dec. 14
1944 to Dec. 15, 1944
that I last saw her alive on Dec. 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 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 Green S. Thomas M. D.
Address Phoenix, Ariz. Date signed Dec 16/44