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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 31
Registrar's No. 30

1. Place of Death: (a) County Cochise (b) City or Town Douglas (Rural) (If outside city limits also write RURAL) (c) Location County Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 Days (Specify whether years, months or days); In Community 34 Years; In Arizona 34 Years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)
(d) Street No. 619-11th Street; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Daniel C Crane (b) If Veteran name war --; If Yes, which country; (c) Social Security No. 527-18-6590
4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased 11 (Month) 23 (Day) 1906 (Year)
8. AGE: Years 38 Months 2 Days 17 If less than one day hrs. ___ min. ___
9. Birthplace Headley, British Columbia, Canada (City, town or county) (State or Country)
10. Usual Occupation Laborer
11. Industry or Business
Father 12. Name Daniel H. Crane
13. Birthplace Kentucky (City, town or county) (State or Country)
Mother 14. Maiden Name Florence Cornell
15. Birthplace New York (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs Florence Crane
(b) Address 619-11th St., Douglas, Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date 2-13-1945
18. (a) Embalmer's Signature E C Porter 72-A
(b) Funeral Director Porter & Ames 29-A
(c) Address Douglas, Arizona
19. (a) Feb. 13 - 1945 (Date received Local Registrar)
(b) E W Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 2-10-1945, 19__;
TIME (Hour and minute) 8-10AM M.
21. I hereby certify that I attended the deceased from 2-9-45, 19__ to 2-10-45, 19__;
that I last saw him alive on 2-10-45, 19__;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute alcoholism
Delirium tremens
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
?
2 days

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 Gary B Latourne M. D.
Address Douglas, Arizona Date signed 2-10-45

40M—100% Rag—6-10-44