116

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 165
Registrar's No. 213

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Lateral 17 & Maricopa Rd (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 18 yrs. (Specify whether years, months or days); In Arizona 18 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. Lat 17 & Maricopa Rd; (e) Citizen of foreign country (Yes or No) ____ If Yes, which country ____
3. (a) FULL NAME Benjamin F Baker (b) If Veteran name war no (c) Social Security No. none

4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Mary Baker
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased April 23, 1857 (Month) (Day) (Year)
8. AGE: Years 87 Months 9 Days 9 If less than one day hrs. ____ min. ____
9. Birthplace unk. Indiana (City, town or county) (State or Country)
10. Usual Occupation Farmer, ret.
11. Industry or Business ____
Father 12. Name unk.
13. Birthplace unk. (City, town or county) (State or Country)
Mother 14. Maiden Name unk.
15. Birthplace unk. (City, town or county) (State or Country)

(a) Informant's own signature Willy Baker
(b) Address 3026 W Taylor, Phoenix, Ariz.

(a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx. (c) Date Feb 6 1945
(a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

(a) FEB 8 1945 (Date received Local Registrar)
(b) Art J Hughes M.D. m.m. (Registrar's Signature)

40M—100% Rag—6-10-44

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 2, 1945;
TIME (Hour and minute) 11:30 A. M.
21. I hereby certify that I attended the deceased from 2-4, 1943 to 2-2, 1945 that I last saw him alive on 2-1, 1945 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis
Due to ____
Due to ____
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 [signature] M.D.
Address Glendale Date signed 2-8-45