1374

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 126
Registrar's No. 53

1. Place of Death: (a) County Maricopa (b) City or Town Sun Flower (If outside city limits also write RURAL) (c) Location Sun Flower (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home; In Community 1 Year (Specify whether years, months or days); In Arizona 67 Yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Sun Flower (If outside city limits also write RURAL)
(d) Street No. 8 Sun Flower, Ariz.; (e) Citizen of foreign country (Yes or No) no If Yes, which country
3. (a) FULL NAME William Dove Crabtree (b) If Veteran name war no (c) Social Security No. no

4. Sex: Male
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced: Divorced
6. (b) Name of husband or wife: Mary Crabtree
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased April 12, 1874 (Month) (Day) (Year)
8. AGE: Years 70 | Months 11 | Days 21 | If less than one day hrs. ____ min. ____
9. Birthplace San Diego, Calif. (City, town or county) (State or Country)
10. Usual Occupation Farming
11. Industry or Business Retired

Father
12. Name Jim A. Crabtree
13. Birthplace Jackson Co. Mo. (City, town or county) (State or Country)

Mother
14. Maiden Name Louise Morris
15. Birthplace Ark. (City, town or county) (State or Country)

16. (a) Informant's own signature Ivey Elmer Crabtree
(b) Address Sun Flower, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 4/7/45 19
18. (a) Embalmer's Signature [signature]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Ariz.
19. (a) April 6, 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 3, 1945 19____;
TIME (Hour and minute) 9 A.M. M.
21. I hereby certify that I attended the deceased from Did not see alive 19____ to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Probably::::
Cardiac Decompensation
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] JUSTICE OF PEACE M. D.
Address Mesa, Ariz. Date signed 4/6/45 19

[illegible]'s 40M—100% Rag—6-10-44