1381

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 133
Registrar's No. 570

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 2903 W Buffalo St (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 20 yrs.; In Arizona 20 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. 2903 W Buffalo St; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME LELAH BEN DAY (b) If Veteran name war No (c) Social Security No. none

4. Sex F

5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased Sept. (Month) 12 (Day), 1865 (Year)

8. AGE: Years 79 Months 6 Days 22 If less than one day hrs. ____ min. ____

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

10. Usual Occupation at home

11. Industry or Business

Father
12. Name Benjamin Adams
13. Birthplace Missouri (City, town or county) (State or Country)

Mother
14. Maiden Name Nellie Kirkpatrick
15. Birthplace Missouri (City, town or county) (State or Country)

16. (a) Informant's own signature Vard E Durfee
(b) Address 2903 W Buffalo St Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx. (c) Date 4-9 19 45

18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) APR 7 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) ~~March~~ April 4, 19 45;
TIME (Hour and minute) 5:15 P. M.

21. I hereby certify that I attended the deceased from January 17, 19 45 to April 4, 19 45; that I last saw he alive on April 1, 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Head of Pancreas

Due to

Due to

Other conditions Auricular Fibrillation (Include pregnancy within three months of death)

Major findings: Of operation Carcinoma of Head of Pancreas

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 Geo. Gilchrist M. D.
Address 711 Cap. Bldg. Date signed Apr. 5, 1945

40M—100% Rag—6-10-44