

1553

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 296
Registrar's No. 656

1. Place of Death: (a) County Maricopa (b) City or Town Litchfield Park (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution NONE; In Community sev. yrs.; in Arizona 27 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Litchfield Park
(If outside city limits also write RURAL)
(d) Street No. P O Box 721 (e) Citizen of foreign country (yes or No) NO
3. (a) FULL NAME CLAUDE LOUIS DUVALL (b) If Veteran NONE (c) Social Security No. none

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife Sarah L Duvall 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased February 9, 1882
(Month) (Day) (Year)
9. AGE: Years 62 Months 2 Days 17 If less than one day hrs. _____ min. _____
9. Birthplace Pope Valley, Nappa, California
(City, town or county) (State or Country)
10. Usual Occupation Salesman, ret.
11. Industry or Business Services stations
Father { 12. Name William Duvall
13. Birthplace Missouri
(City, town or county) (State or Country)
Mother { 14. Maiden Name Laura Walters
15. Birthplace California
(City, town or county) (State or Country)

16. (a) Informant's own signature Sarah L Duvall
(b) Address Box 721, Litchfield, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx. (c) Date 4-28 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 27 1945
(Date received local Registrar)
(b) Leont J. Hughes M.D.
(Registrar's Signature)

20M 100% Rag 8-42% Co. County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Apr. 26, 1945
TIME (Hour and minute) 4:40 PM M.
21. I hereby certify that I attended the deceased from February
1944 to April 26, 1945
that I last saw him alive on Apr. 26, 1945, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of Death
Acute cardiac infarction
with left ventricular failure
Due to Chronic coronary heart
disease
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
6 days
7 years
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 Leont J. Hughes M. D.
Address Litchfield Park, Ariz signed 4/26/45