1946

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 107
Registrar's No. 739

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 23 Ave. & Belmont Ave. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution No; In Community 47 yrs; In Arizona 47 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. Same above; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
(b) If Veteran name war (c) Social Security No.

3. (a) FULL NAME Leonie C. Menard

4. Sex: Female
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Widowed
6. (b) Name of husband or wife: Alfred J.
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased: Dec. (Month) 6 (Day) 1853 (Year)
8. AGE: Years 91 | Months 4 | Days 25 | If less than one day hrs. ..... min. .....
9. Birthplace: Namur (City, town or county) Belgium (State or Country)
10. Usual Occupation: Housewife
11. Industry or Business
Father: 12. Name Jeane Haulot
13. Birthplace Unknown (City, town or county) Belgium (State or Country)
Mother: 14. Maiden Name Petronelia Robert
15. Birthplace Unknown (City, town or county) Belgium (State or Country)

16. (a) Informant's own signature Mrs. Georgia Menard
(b) Address Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place St. Francis Phoenix (c) Date 5/4 1945

18. (a) Embalmer's Signature J. S. Brazill
(b) Funeral Director J. S. Brazill
(c) Address Glendale, Ariz.

19. (a) ~~May 3, 1945~~ MAY 5 1945 (Date received Local Registrar)
(b) Curt J. Hughes M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 1, 1945;
TIME (Hour and minute) 9:00 P. M. M.

21. I hereby certify that I attended the deceased from 4-20, 1943 to 5-1, 1945; that I last saw her alive on April 26, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to: Chr. Interstitial
Due to: Nephritis
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION: 10 yrs

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 M. E. Fulk M. D.
Address Glendale, Ariz. Date signed 5/2/45

40M—100% Rag—6-10-44