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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 149
Registrar's No. 942

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Maricopa County Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 days (Specify whether years, months or days); In Community 2 Months; In Arizona 2 Months
2. Usual Residence of Deceased: (a) State Michigan; (b) County CHIPPEWA; (c) City or Town Sault Ste Marie (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Teresa Gallo (b) If Veteran name war (c) Social Security No.

4. Sex Female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ] White
6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased January 4th 1919 (Month) (Day) (Year)
8. AGE: Years 26 Months 5 Days 6 If less than one day hrs. min.
9. Birthplace Saulte St. Marie, Michigan (City, town or county) (State or Country)
10. Usual Occupation unknown
11. Industry or Business
Father 12. Name Joseph Gallo
13. Birthplace unk (City, town or county) (State or Country)
Mother 14. Maiden Name Carmela Fornicola
15. Birthplace Mich. (City, town or county) (State or Country)
16. (a) Informant's own signature Hosp. Records
(b) Address
17. (a) Burial, Cremation or Removal Removal
(b) Place Sault Ste Marie Mich. (c) Date June 12, 45
18. (a) Embalmer's Signature Sidney T. Forman
(b) Funeral Director Arizona Funeral Home
(c) Address 376 N. 3rd. Ave.
19. (a) June 19 - 1945 (Date received Local Registrar)
(b) Robt T Hughes M D (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 10, 1945; TIME (Hour and minute) 5 A.M. M.
21. I hereby certify that I attended the deceased from May 31st, 1945 to June 10, 1945; that I last saw her alive on June 9th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis Bronchitis
Due to Old inactive Hoc.
Due to
Other conditions Empyema (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION: unknown

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 Louis J Saxe M.D.
Address Maricopa Co. Hosp. Date signed 6/10/45

40M—100% Rag—6-10-44