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Dr. E. Payne Palmer

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 229

Registrar's No. 1027

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

(d) Length of Stay: In Hospital or Institution 3 wks.; In Community 3 wks.; In Arizona 55 yrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County ~~Maricopa~~ Navajo; (c) City or Town Clay Springs  
(If outside city limits also write RURAL)

(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME George Grant Brewer (b) If Veteran name war No (c) Social Security No. Unknown

4. Sex Male 5. Race White  Indian  Negro   Oriental  6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Lydia E. Brewer 6. (c) Age of husband or wife, if alive 56 yrs.

7. Birthdate of deceased March 28 1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 24 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Virgin City, Utah  
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business Self

Father { 12. Name Joseph Brewer  
13. Birthplace Unknown  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Betsy Ann Crandall  
15. Birthplace Unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Lydia E. Brewer  
(b) Address Clay Springs, Ariz.

17. (a) Burial, Cremation or Removal Removal  
(b) Place Clay Springs, Ariz. (c) Date 6-23-1945

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director Meldrum Mortuary  
(c) Address Mesa Arizona

19. (a) \_\_\_\_\_ (Date received Local Registrar) JUN 29 1945  
(b) [Signature] (Registrar's Signature)

(b) [Signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 21, 1945;  
TIME (Hour and minute) 8:30 P. M.

21. I hereby certify that I attended the deceased from June 9-45, 1945 to June 21-45, 1945;

that I last saw him alive on June 9, 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations Carcinoma 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 E. Payne Palmer M. D.  
Address 611 Professional Bldg. Date signed 6-25-45