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STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 212
Registrar's No. 1293

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 3822 N. Central Ave. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 75 years (Specify whether years, months or days) ; In Arizona 75 years

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. 3822 N. Central Ave. ; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Emma Teel (b) If Veteran name war (c) Social Security No.

4. Sex: female ~~Male~~ 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 Dec. (Month) 28 (Day) 1861 (Year)

8. AGE: Years 83 | Months 7 | Days 5 | If less than one day hrs. ... min.

9. Birthplace Denton County, Texas (City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business

Father: 12. Name William Morrell
13. Birthplace Illinois (City, town or county) (State or Country)

Mother: 14. Maiden Name Edna Teel
15. Birthplace Illinois (City, town or county) (State or Country)

16. (a) Informant's own signature Frank Teel (Son)
(b) Address 3816 N Central Ave

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 8/16/45 19

18. (a) Embalmer's Signature A H McLellan
(b) Funeral Director A. H. McLellan
(c) Address 617 N. Central Ave

19. (a) AUG 16 1945 (Date received Local Registrar)
(b) Carl J Hughes M.D. (Registrar's Signature)

[illegible]'s 40M—100% Rag—6-10-44

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 13, 1945
TIME (Hour and minute) 9 A.M.

21. I hereby certify that I attended the deceased from March 7th, 1945 to Aug 13, 1945; that I last saw her alive on Aug 12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart failure
Myocarditis chronic
Due to Hypertension
arteriosclerosis
Due to Aortic & Mitral valve insufficiency
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations ✓
Of autopsy ✓

DURATION: Instant; 3 ~~Hours~~; 5 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 H. B. Gudgel M.D.
Address Phoenix Date signed Aug 13 45