1926

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 126
Registrar's No. 1564

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (If outside city limits also write RURAL) (c) Location 7th AVENUE & SOUTHERN (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution *** ; In Community 48 YEARS ; In Arizona 48 YEARS (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. Rt 5 Box 703 --7thAvenue & SOUTHERN ; (e) Citizen of foreign country (Yes or No) ____ If Yes, which country ____

3. (a) FULL NAME ANNA WEILER JAGOE (b) If Veteran name war *** (c) Social Security No. ***

4. Sex: FEMALE

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ WHITE

6. (a) Single, married, widowed or divorced: MARRIED

6. (b) Name of husband or wife: James

6. (c) Age of husband or wife, if alive: 45 yrs.

7. Birthdate of deceased July 13, 1897 (Month) (Day) (Year)

8. AGE: Years 48 | Months 2 | Days 19 | If less than one day hrs. ____ min. ____

9. Birthplace Phoenix, Arizona (City, town or county) (State or Country)

10. Usual Occupation Nurse

11. Industry or Business ____

Father
12. Name Alois Weiler
13. Birthplace Bavaria, Germany (City, town or county) (State or Country)

Mother
14. Maiden Name Augusta Vosskuhler
15. Birthplace Germany (City, town or county) (State or Country)

16. (a) Informant's own signature James Jagoe
(b) Address Rt. 5 Box 703 Phoenix

17. (a) Burial, Cremation or Removal burial
(b) Place St Francis (c) Date 10-6-45 19

18. (a) Embalmer's Signature W. L. MURPHY
(b) Funeral Director W.L.MURPHY
(c) Address WHITNEY FUNERAL HOME, PHOENIX

19. (a) OCT 4 1945 (Date received Local Registrar)
(b) Curt T. Hughes M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 10-2-45, 19____;
TIME (Hour and minute) 6 P.M. M.

21. I hereby certify that I attended the deceased from 1940, 19____ to 10-2-, 1945; that I last saw her alive on Feb. —, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure — DURATION instant

Due to Hypertensive heart disease — DURATION several years

Due to Hypertension — DURATION several years

Other conditions ____ (Include pregnancy within three months of death)

Major findings:
Of operations ____

Of autopsy ____

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 L. R. Caniglia M. D.
Address Prof. Bldg. Date signed 10-4-45

40M—100% Rag—6-10-44