2842

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

399

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 1016

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Sabino Canyon Ranch. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution no; In Community 51 years; In Arizona 51 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima (c) City or Town Tucson. (If outside city limits also write RURAL)
(d) Street No. Sabino Canyon Road; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____

3. (a) FULL NAME Harvey Winstead (b) If Veteran name war No (c) Social Security No. None

4. Sex: Male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Widowed
6. (b) Name of husband or wife: Margaret Winstead.
6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased: Nov (Month) 11 (Day) 1866 (Year)

8. AGE: Years 79 | Months 0 | Days 3 | If less than one day hrs. ____ min. ____

9. Birthplace: Hiawatha (City, town or county) Kansas (State or Country)

10. Usual Occupation: Retird.

11. Industry or Business: Tucson Schools 18 yrs

Father
12. Name: James Winstead
13. Birthplace: Unknown (City, town or county) Kansas. (State or Country)

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

16. (a) Informant's own signature: Monroe H Winstead,
(b) Address: 51 West President St- Tucson.

17. (a) Burial, Cremation or Removal: Cremation
(b) Place: South Lawn Cemetry (c) Date: 11-17-45 19__

18. (a) Embalmer's Signature: H M Parker
(b) Funeral Director: Parker Mortuary.
(c) Address: Tucson, Arizona.

19. (a) 11-16-45 (Date received Local Registrar)
(b) L. F. Howard, M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): November 14 1945
TIME (Hour and minute): 2:00PM. M.

21. I hereby certify that I attended the deceased from Dec, 1944 to Nov 14, 1945 that I last saw him alive on Oct, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary
Hermiboria.
Due to: ——
Due to: ——
Other conditions: no
(Include pregnancy within three months of death)
Major findings:
Of operations: ——
Of autopsy: ——

DURATION: Few hours

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: [signature] M. D.
Address: Tucson Ariz. Date signed: 11/15/45

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