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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 331
Registrar's No. 2118

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Arizona State Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 mos 5 days; In Community 10 Mos. 5 da. (Specify whether years, months or days); In Arizona 65 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa (If outside city limits also write RURAL)
(d) Street No.
3. (a) FULL NAME Samuel Allen Passey (b) If Veteran name war — (e) Citizen of foreign country (Yes or No) No; If Yes, which country (c) Social Security No. Unknown
4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced ~~XXXX~~ Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased August (Month) 11 (Day) 1867 (Year)
8. AGE: Years 78 Months 4 Days 10 If less than one day hrs. ___ min. ___
9. Birthplace Paris (City, town or county) Idaho (State or Country)
10. Usual Occupation Horse trainer
11. Industry or Business
Father 12. Name William Passey
13. Birthplace ---------- (City, town or county) England (State or Country)
Mother 14. Maiden Name Asemth Wilcox
15. Birthplace ---------- (City, town or county) Canada (State or Country)
16. (a) Informant's own signature Arizona State Hospital Records
(b) Address Phoenix, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Mesa, Ariz. (c) Date 12-24- 1945
18. (a) Embalmer's Signature R. N. Day Bell
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) JAN 3 1946 (Date received Local Registrar)
(b) [signature] M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 20, 1945; TIME (Hour and minute) 10 p M.
21. I hereby certify that I attended the deceased from February 16, 1945 to December 20, 1945; that I last saw him alive on December 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death
Old age
Arteriosclerosis
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
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 [signature] M. D.
Address Phoenix Ariz Date signed 12/21/45

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