391

365

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2167
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 2254 N. 17th. Ave (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution -------- (Specify whether years, months or days); In Community 3 mo.; In Arizona 3 mo
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. 2254 N. 17th. Ave.; (e) Citizen of foreign country (Yes or No); If Yes, which country; (b) If Veteran name war; (c) Social Security No.

3. (a) FULL NAME Terry Vernon Hunt
4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Baby
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased Sept. 23, 1945 (Month) (Day) (Year)
8. AGE: Years | Months 3 | Days | If less than one day hrs. ____ min. ____
9. Birthplace Phoenix, Arizona (City, town or county) (State or Country)
10. Usual Occupation none
11. Industry or Business
Father 12. Name N. A. Hunt
Father 13. Birthplace Thatcher, Arizona (City, town or county) (State or Country)
Mother 14. Maiden Name Lottie Elizabeth
Mother 15. Birthplace DeLeon, Texas (City, town or county) (State or Country)
16. (a) Informant's own signature N. A. Hunt
(b) Address 2254 N. 17th. Ave.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 12/26/45 19
18. (a) Embalmer's Signature L.E. Mortensen
(b) Funeral Director Mortensen-Kingsley
(c) Address 1020 W. Wash.
19. (a) DEC 27 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 23, 1945; 19____;
TIME (Hour and minute) 9:00 P. M. M.
21. I hereby certify that I attended the deceased from Dec 21, 19 44; to Dec 23, 19 44; that I last saw h. alive on Dec 23, 19 44; and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia (labor)
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 [signature] Date signed 12-27-45

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