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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 310
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 1502 E Monroe (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 33 years (Specify whether years, months or days); In Arizona 33 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. 1502 E Monroe; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Harrietta "Etta" Greene (b) If Veteran name war no (c) Social Security No.

4. Sex Fe
5. Race White ☐ Indian ☐ Negro ☒ Oriental ☐
6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife Curtis Greene
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased February 16, 1889 (Month) (Day) (Year)
8. AGE: Years 56 Months 11 Days 26 If less than one day hrs. ____ min. ____
9. Birthplace Passic, New Jersey (City, town or county) (State or Country)
10. Usual Occupation at home
11. Industry or Business
Father 12. Name Josh Drayton
Father 13. Birthplace North Carolina (City, town or county) (State or Country)
Mother 14. Maiden Name unk.
Mother 15. Birthplace unk. (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Curtistine Waldon
(b) Address Ft. Huchuca, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date Feb 15 1946
18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.
19. (a) FEB 16 1946 (Date received Local Registrar)
(b) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 12, 1946;
TIME (Hour and minute) 7:15 A. M.
21. I hereby certify that I attended the deceased from June 18, 1945 to Feb 9, 1946; that I last saw him alive on Feb 9 - 1946, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death ENDOCARDITIS.
Due to LEGS GANGRENE. —
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION
8 months
from Feb 3

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 DR. A. H. ALVAREZ M. D.
Address 415 NORTH 3rd STREET PHOENIX, ARIZONA
Date signed FEB 12 1946

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