2361

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

273

State File No.
Registrar's No. 545

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St Joseph Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 days; In Community 13 years; In Arizona 13 years (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Litchfield Park (If outside city limits also write RURAL)
(d) Street No.; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Jasmine Abraham (b) If Veteran name war no (c) Social Security No. none

4. Sex Fe
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife N.N.Abraham
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased April 5, 1878 (Month) (Day) (Year)
8. AGE: Years 67 Months 11 Days 12 If less than one day hrs. ___ min. ___
9. Birthplace Balback, Syria (City, town or county) (State or Country)
10. Usual Occupation at home
11. Industry or Business
Father 12. Name Thomas Basha
13. Birthplace Syria (City, town or county) (State or Country)
Mother 14. Maiden Name Elizabeth Basha
15. Birthplace Syria (City, town or county) (State or Country)
16. (a) Informant's own signature N.N.Abraham
(b) Address Litchfield, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date March 20 19 46
18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.
19. (a) MAR 19 1946 (Date received Local Registrar)
(b) Carl S Hughes M D (Registrar's Signature)
M K

### MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 17, 19 46;
TIME (Hour and minute) 10:50 A.M.
21. I hereby certify that I attended the deceased from Feb. 11, 1946 to March 17, 1946 that I last saw her alive on March 17, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Septicemia - post-operative
Due to Colon bacillus (pure culture in blood)
Due to Urinary tract infection
Other conditions Hysterectomy (Include pregnancy within three months of death)
Major findings: Of operations Hysterectomy - sarcoma of uterus
Of autopsy None

DURATION 7 days

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 Preston T Brown M. D.,
Address 15 E Monroe Phoenix Date signed 18 March 46

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