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Dr. O'neil

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 519

Registrar's No. 16

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Pinal (b) City or Town Florence (If outside city limits also write RURAL) (c) Location Pinal Co. Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 Days; In Community 1 Month.; In Arizona 1 Mth. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Pinal; (c) City or Town Coolidge (If outside city limits also write RURAL)

(d) Street No.; (e) Citizen of foreign country (Yes or No); If Yes, which country

3. (a) FULL NAME Mary Elizabeth Palmer (b) If Veteran name war No (c) Social Security No. No

4. Sex: Female

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Isaac

6. (c) Age of husband or wife, if alive 76 yrs.

7. Birthdate of deceased Oct. 4, 1878 (Month) (Day) (Year)

8. AGE: Years 67 | Months | Days | If less than one day hrs. min.

9. Birthplace Butler, Kentucky (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father: 12. Name Alkana Sanders; 13. Birthplace ? Penn. (City, town or county) (State or Country)

Mother: 14. Maiden Name Mary Jane Warren; 15. Birthplace ? Kentucky (City, town or county) (State or Country)

16. (a) Informant's own signature Isaac ~~Palmer~~ Palmer (b) Address Coolidge, Arizona.

17. (a) Burial, ~~Cremation~~ (b) Place Coolidge, Ariz. (c) Date Mar. 6, 1946

18. (a) Embalmer's Signature William A. Cole (b) Funeral Director Cole & Wand Mortuary (c) Address Coolidge, Ariz.

19. (a) March 11. 1946 (Date received Local Registrar) (b) D O Martin (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 2, 1946; TIME (Hour and minute) 2:15 A.M. M.

21. I hereby certify that I attended the deceased from ~~March~~ Feb ~~25~~, 1946 to Time of death; that I last saw her alive on March 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure — DURATION 4 days

Due to: Chrome arteriosclerotic heart disease — 15 yrs

Due to:

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations:

Of autopsy:

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 James F O'Neil M. D.

Address Coolidge Ariz. Date signed March 8, 46

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