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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 213
Registrar's No. 33

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Glendale (Rural) (If outside city limits also write RURAL) (c) Location Lat 19½ & Grand Ave. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 month (Specify whether years, months or days); In Community ; In Arizona 1 No. 5 days

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

(d) Street No. Lateral 19½ and Grand Avenue; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Minnie Viola Stalter (b) If Veteran name war (c) Social Security 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: Fred M. Stalter

6. (c) Age of husband or wife, if alive 35 yrs.

7. Birthdate of deceased March 12 1916 (Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 1 If less than one day hrs. min.

9. Birthplace LittleRock Arkansas (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business At Home

Father: 12. Name Jackson Treadway; 13. Birthplace Unknown (City, town or county) (State or Country)

Mother: 14. Maiden Name Sarah Rickets; 15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Fred W. Stalter
(b) Address Glendale, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Glendale Memorial Park (c) Date Apr 17 19 46

18. (a) Embalmer's Signature J. S. Brazill
(b) Funeral Director J. S. Brazill
(c) Address Glendale, Arizona

19. (a) 4/15/46 (Date received Local Registrar)
(b) A. M. Shields (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 13, 19 46;
TIME (Hour and minute) 6:55 A.M.

21. I hereby certify that I attended the deceased from 3/30/46, 19..., to 4-12-, 19 46, that I last saw her alive on 4-12, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — DURATION 2 years

Due to

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 J. G. Price M. D.
Address Glendale, Arizona Date signed 4-13-46

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