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AFFIDAVIT ATTACHED

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.
Registrar's No. 483E

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

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

(d) Length of Stay: In Hospital or Institution None; In Community 43 yrs; In Arizona 43 yrs (Specify whether years, months or days)

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

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

3. (a) FULL NAME William Hershkowitz (b) If Veteran name war None (c) Social Security No. 526-20-0301

4. Sex M

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

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

6. (b) Name of husband or wife Sarah Hershkowitz

6. (c) Age of husband or wife, if alive 38 yrs.

7. Birthdate of deceased 8 (Month) 6 (Day) 1902 (Year)

8. AGE: Years 43 Months 8 Days 5 If less than one day hrs. min

9. Birthplace Congress (City, town or county) Arizona (State or Country)

10. Usual Occupation Miner

11. Industry or Business Minning

Father
12. Name Harry Hershkowitz
13. Birthplace Hungary (City, town or county) (State or Country)

Mother
14. Maiden Name Susan Gallego
15. Birthplace Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Sarah Hershkowitz
(b) Address Congress, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Congress (c) Date May 6, 1946

18. (a) Embalmer's Signature Thomas F. Lynn
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona.

19. (a) May 8, 1946 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 1, 1946;
TIME (Hour and minute) About 9.30 AM

21. I hereby certify that I attended the deceased from November 28, 1945 to May 1, 1946; that I last saw him alive on April 20, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lung — DURATION 18 months

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

If 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 Joseph O. McNally M. D.
Address Prescott, Arizona Date signed May 6, 1946

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