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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 229
Registrar's No. 1987

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1636 W. Monroe (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 13 years; In Arizona 28 years (Specify whether years, months or days)

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. 1636 W. Monroe; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME Jennie A. ~~Coleman~~ COLMAN (b) If Veteran name war none (c) Social Security No. none

4. Sex Fe
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ___ yrs.

7. Birthdate of deceased December 3, 1866 (Month) (Day) (Year)

8. AGE: Years 79 | Months 11 | Days 14 | If less than one day hrs. ___ min. ___

9. Birthplace Noble County, Ohio (City, town or county) (State or Country)

10. Usual Occupation at home

11. Industry or Business

Father
12. Name William Turner
13. Birthplace Pennsylvania (City, town or county) (State or Country)

Mother
14. Maiden Name Elizabeth Warden
15. Birthplace Ireland (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Roberta Zertanna
(b) Address 1636 W. Monroe, Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Wickenburg, Cem. (c) Date Nov 19 1946

18. (a) Embalmer's Signature Tyler Hays #269
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) NOV 22 1946 (Date received Local Registrar)
(b) Curt J Hughes MD (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 17 1946
TIME (Hour and minute) 3:25 P. M.

21. I hereby certify that I attended the deceased from 7-11-, 1946 to 11-17-, 1946
that I last saw her alive on 11-17-, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to

Due to

Other conditions Chronic Hypertrophic Arthritis (Include pregnancy within three months of death)

Major findings:
Of operations —

Of autopsy —

DURATION
4 mos.

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 R. J. McGehee M. D.
Address 307 E. Ind. Sch. Rd Date signed 11-19-46

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