1975

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 248
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (If outside city limits also write RURAL) (c) Location 278½ Frontier St. (St. & No. (or) Name of Institution)

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

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

(d) Street No. 278½ Fronteir St. ; (e) Citizen of foreign country (Yes or No) NO If Yes, which country

3. (a) FULL NAME Annie Eva Pratt (b) If Veteran name war (c) Social Security No.

4. Sex Fe

5. Race White X Indian ☐ Negro ☐ Oriental ☐

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

6. (b) Name of husband or wife Robert B. Pratt 6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased October (Month) 6 (Day) 1867 (Year)

8. AGE: Years 79 Months 1 Days 13 If less than one day hrs. min.

9. Birthplace Hattoon (City, town or county) Illinios (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

Father
12. Name F. M. Allen
13. Birthplace Montgomery Co. (City, town or county) Kentucky (State or Country)

Mother
14. Maiden Name Matilda J. Gardner
15. Birthplace Illinios (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Fern Rice
(b) Address Wickenburg Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Wickenburg Ari (c) Date 11/21/ 19 46

18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H.L.Coffinger
(c) Address Wickenburg , Arizona

19. (a) 11/19/46 (Date received Local Registrar)
(b) Mamie Coffinger (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 11/19/46 19 ;
TIME (Hour and minute) 1:30 P. M.

21. I hereby certify that I attended the deceased from for Past 6 yrs , 19 to 11-18- , 19 46 ;
that I last saw her alive on 11-18-46 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Marked Sclerosis & Plugging of Pancreatic Duct - Plugging
Due to the Duct - Sclerosis & Liver
Due to Old age
Other conditions Diabetes Mellitus
(Include pregnancy within three months of death)

Major findings:
Of operations
Of autopsy As above

DURATION
6 months
several years -

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 Floyd B. Bradleor M. D.
Address Wickenburg Date signed 12-3-46

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