1992

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 125
Registrar's No. 2071

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 90 W. Portland (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 15 years; In Arizona 15 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. 90 W. Portland; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Katherine Dunbar Cleaves (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 5, 1880 1865 (Month) (Day) (Year)
8. AGE: Years 80 Months 11 Days 26 If less than one day hrs. ___ min. ___
9. Birthplace Sullivan, Maine (City, town or county) (State or Country)
10. Usual Occupation at home
11. Industry or Business
Father 12. Name George H. Dunbar
13. Birthplace Maine (City, town or county) (State or Country)
Mother 14. Maiden Name Delilah Sargent
15. Birthplace Maine (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs. Margaret Charvoz
(b) Address 90 W. Portland, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date Dec 4 1946
18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.
19. (a) DEC 5 1946 (Date received Local Registrar)
(b) Lent T Hughes M D (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 1, 1946;
TIME (Hour and minute) 10:15 P. M.
21. I hereby certify that I attended the deceased from 15 Nov., 1946 to 1 Dec, 1946, that I last saw her alive on 1 Dec, 1946, and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure.
Due to Chronic passive congestion of heart.
Due to 'Idu' acute, at onset.
Other conditions Senility. (Include pregnancy within three months of death)
Major findings: Of operations none done
Of autopsy not done

DURATION 3 wks.

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 Chas R Charver M. D.
Address 1105 E Culver Phx Ariz Date signed 4 Dec 46

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