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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. 274
Registrar's No. 117

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

(d) Length of Stay: In Hospital or Institution -------; In Community 23 Yrs; In Arizona 37 Yrs (Specify whether years, months or days)

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

(d) Street No. South Palm Lane Glendale, Arizona.; (e) Citizen of foreign country (Yes or No) ____ If Yes, which country ____

3. (a) FULL NAME Marion L. Frisbee. (b) If Veteran name war ____ (c) Social Security No. ____

4. Sex: Male

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 January 24, 1862. (Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 24 If less than one day hrs. -- min. --

9. Birthplace Ashville, North Carolina. (City, town or county) (State or Country)

10. Usual Occupation Retired Rancher

11. Industry or Business ----------

Father: 12. Name William Frisbee.
13. Birthplace North Carolina. (City, town or county) (State or Country)

Mother: 14. Maiden Name Ethel Martha Ingle.
15. Birthplace North Carolina. (City, town or county) (State or Country)

16. (a) Informant's own signature Ethel Wilkinson.
(b) Address Palm Lane, Glendale, Arizona.

17. (a) Burial, Cremation or Removal BURIAL
(b) Place Glendale Memorial Park (c) Date Dec 21, 1946

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

19. (a) December 20, 1946 (Date received Local Registrar)
(b) A. M. Shelts (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 18, 1946;
TIME (Hour and minute) About 10:30 A.M.

21. I hereby certify that I attended the deceased from ____, 1946 to ____, 1946; that I last saw him alive on ____, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes

Due to ____

Due to ____

Other conditions (Include pregnancy within three months of death) ____

Major findings: Of operations ____

Of autopsy ____

DURATION

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) Natural Causes
(b) Date of occurrence 12/18/46
(c) Where did injury occur? Glendale Maricopa Ariz. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury ____

23. Signature C. Gordon Crouch M. D.
Address Glendale, Arizona Date signed Dec 20/46

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