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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. 140
Registrar's No. 14

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1411 N. 19th Ave. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 1 year (Specify whether years, months or days); In Arizona 1 year

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. 1411 N. 19th Ave. (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Sally Josephine Clarke (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 married

6. (b) Name of husband or wife William R. Clarke

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

7. Birthdate of deceased July 15, 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 18 If less than one day hrs. ____ min. ____

9. Birthplace Wabash County, Indiana (City, town or county) (State or Country)

10. Usual Occupation at home

11. Industry or Business

Father
12. Name Moses Wellman
13. Birthplace Ohio (City, town or county) (State or Country)

Mother
14. Maiden Name Emily Hale
15. Birthplace Indiana (City, town or county) (State or Country)

16. (a) Informant's own signature William R. Clarke
(b) Address 1411 N. 19th Ave, Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Double Butte Cem (c) Date Jan 4 1947

18. (a) Embalmer's Signature Frank S. Bueler
(b) Funeral Director A. L. Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) JAN 6 1947 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 3, 1947
TIME (Hour and minute) 6:00 A. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1946 to Jan. 2, 1947, that I last saw her alive on Jan. 2, 1947, and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death: Myocardial failure	1 mo
Due to: Chronic myocarditis	10 yr.
Cardiac decompensation	1 year
Due to:	
Other conditions (Include pregnancy within three months of death)	
Major findings: Of operations	
Of 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 [signature] M. D.
Address 738 E. Mc Dowell Date signed 1-3-47

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