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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 331
Registrar's No. 151

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Joseph's Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community 67 Years (Specify whether years, months or days); In Arizona 67 Years

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. 1818 W. Washington; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Tillie Liebenow Luke (b) If Veteran name war No (c) Social Security No. None

4. Sex Female
5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife, if alive ___ yrs.

7. Birthdate of deceased 11-26-1866 (Month) (Day) (Year)

8. AGE: Years 80 | Months 1 | Days 27 | If less than one day hrs. ___ min. ___

9. Birthplace Staten Island, New York (City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business

Father
12. Name ? Liebenow
13. Birthplace Unknown (City, town or county) (State or Country)

Mother
14. Maiden Name Emma ?
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Charles Luke
(b) Address Phoenix, Arizona.

17. (a) Burial, Cremation or Removal burial
(b) Place St. Francis (c) Date 1-27-47 19

18. (a) Embalmer's Signature Leo Nussbaum
(b) Funeral Director W. L. Murphy
(c) Address Whitney Funeral Home.

19. (a) JAN 27 1947 (Date received Local Registrar)
(b) Curt J. Hughes M.D. M.R. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1-23-47, 19___;
TIME (Hour and minute) 10:40 P.M. M.

21. I hereby certify that I attended the deceased from 1942, 19___ to 1-23-47, 19___;
that I last saw her alive on 1-23-47, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
2 days

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 Frank Shulley M. D.
Address 15 E Main Date signed 1-27-47

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