942

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 184
Registrar's No. 269

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 2646 E. Willetta (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 12 years (Specify whether years, months or days); In Arizona 48 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. 2646 E. Willetta (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Kate Morrell (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 November 5, 1866 (Month) (Day) (Year)
8. AGE: Years 80 | Months 3 | Days 5 | If less than one day hrs. ..... min.
9. Birthplace Independence, Missouri (City, town or county) (State or Country)
10. Usual Occupation at home
11. Industry or Business
Father 12. Name James Flemming
13. Birthplace Missouri (City, town or county) (State or Country)
Mother 14. Maiden Name Martha Nicholber
15. Birthplace unk. (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs. Grace Hogue
(b) Address 2646 E. Willetta, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date Feb 15 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) FEB 12 1947 (Date received Local Registrar)
Agnes I Hughes MD
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 10, 1947;
TIME (Hour and minute) 1:45 P. M.
21. I hereby certify that I attended the deceased from May 3, 1946 to Feb. 10, 1947;
that I last saw her alive on Jan 23, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Hypertension Coronary Occlusion Sudden
Due to Arterio sclerosis
Due to Age
Other conditions ✓ (Include pregnancy within three months of death)
Major findings: Of operations ✓
Of autopsy ✓

DURATION
2 yrs.?
2 yrs +

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 James E. Brane M. D.
Address Phoenix, Ariz. Date signed 3-11-47

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