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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. 210
Registrar's No. 280

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (rural) (If outside city limits also write RURAL) (c) Location 1823 E. Hadley (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 3 yrs.; In Arizona 3 yrs. (Specify whether years, months or days)

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

(d) Street No. 1823 East Hadley Street; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Sarah Jane BAKER (b) If Veteran name war none (c) Social Security No.

4. Sex femal

5. Race White XX Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Monroe M.

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

7. Birthdate of deceased July 5, 1906 (Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 8 If less than one day hrs. ___ min.

9. Birthplace Mansfield, Arkansas (City, town or county) (State or Country)

10. Usual Occupation housewife

11. Industry or Business at home

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

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

16. (a) Informant's own signature Monroe M. Baker, (husband)
(b) Address 1823 E. Hadley St.; Phoenix, Ariz.

17. (a) Burial, Cremation or Removal burial
(b) Place Greenwood (c) Date Feb. 15 19 47

18. (a) Embalmer's Signature Fred Ellarren #227
(b) Funeral Director Hal Grimshaw
(c) Address 334 W. Monroe St.; Phoenix, Arizona

19. (a) FEB 17 194 (Date received Local Registrar)
(b) Carl J. Gaines MD (Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 13, 1947;
TIME (Hour and minute) 3:00 a. M.

21. I hereby certify that I attended the deceased from Feb. 10, 1947 to Feb. 13, 1947; that I last saw her alive on Feb. 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
3 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 Weldon B. Baker M.D. ~~M. D.~~
Address 713 N. 2nd St. Phoenix Arizona Date signed Feb 14, 1947.