9033

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 265
Registrar's No. 7

1. Place of Death: (a) County Maricopa (b) City or Town Tempe (If outside city limits also write RURAL) (c) Location Rt. #1 Box 20a (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 19 yrs. (Specify whether years, months or days); In Arizona All Life

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

(d) Street No. RF. #1 Box 20a; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Alta Sophrona Huber (b) If Veteran name war (c) Social Security No. no

4. Sex: Female

5. Race: White ☑ Indian ☐ Negro ☐ Oriental ☐ White

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

6. (b) Name of husband or wife

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

7. Birthdate of deceased May 27, 1884 (Month) (Day) (Year)

8. AGE: Years 62 | Months 8 | Days 27 | If less than one day hrs. ____ min. ____

9. Birthplace St. Davis Ariz. (City, town or county) (State or Country)

10. Usual Occupation Widow at Home

11. Industry or Business

Father
12. Name J. N. Curtis
13. Birthplace Unknown Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Marilla Gardner
15. Birthplace Unknown Utah (City, town or county) (State or Country)

16. (a) Informant's own signature George E. Huber
(b) Address Tempe, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 2/20/47 19

18. (a) Embalmer's Signature [signature]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Ariz.

19. (a) 2-21-47 (Date received Local Registrar)
(b) George B. Irwin M.D. (Registrar's Signature) (RM)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 17, 1947, 19____;
TIME (Hour and minute) 4 A. M. ____ M.

21. I hereby certify that I attended the deceased from June 11, 1938 to Feb. 10, 1947, that I last saw her alive on Feb. 10, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death
coronary thrombosis

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)
(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 Ernest Fabec M.D. M. D.
Address 25 W. 8th St. Date signed Feb. 20, 1947

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