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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. 193
Registrar's No. 490

1. Place of Death: (a) County Maricopa (b) City or Town ~~Phoenix~~ Tolleson (If outside city limits also write RURAL) (c) Location rural Rt 1 Box 89B (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 67 years; In Arizona 67 years (Specify whether years, months or days)

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

(d) Street No. Rt 1 Box 89B; (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Eliza Ann Buker (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 December 12, 1857 (Month) (Day) (Year)

8. AGE: Years 89 | Months 2 | Days 25 | If less than one day hrs. ____ min. ____

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

10. Usual Occupation at home

11. Industry or Business

Father
12. Name John Howard
13. Birthplace unk. (City, town or county) (State or Country)

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

16. (a) Informant's own signature Horace Amator
(b) Address Rt 1 Box 89B, Tolleson, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood-Phx (c) Date March 11 19 47

18. (a) Embalmer's Signature Leon. Clenn. B 276 R
(b) Funeral Director A. L. Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) MAR 14 1947 (Date received Local Registrar)
(b) Curt J Hughes M.M. Kurz Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 7, 1947;
TIME (Hour and minute) 8:05 A. M.

21. I hereby certify that I attended the deceased from 7 Mar, 1947 to 7 Mar 47, 1947; that I last saw her alive on 7 Mar 47; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Decompensation

Due to: Old Age

Due to:

Other conditions (Include pregnancy within three months of death): Arteriosclerosis

Major findings:
Of operations:

Of autopsy:

DURATION: 50 yr

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 [illegible]
Address Tolleson Date signed 12 Mar

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