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-j.	√	ARIZONA STATE D	EPARTMENT OF HEALT	TH	04
0	STANDARD CERTIFICATE OF DEATH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		F VITAL STATISTICS	State File No	
	BUREAU OF THE CENSUS		0100.	Remorar's Non	3.6/.
	1. Place of Death: (a) County 6/44	(b) City or Town	(c) Lo	(St. & No. (or) Name of Ir	to sital
			imits also write RURAL)	' //-	estituti (/ n)
✓	(d) Length of Stay: In Hospital or Institution	(abacità Augit	; in Community days)	n Arizona ;	1
	2. Usual Residence of Deceased: (a) State		$\gamma L \nu = H$	(c) City or Town	·
	was to the life.	Resord to	e P	(If outside city limits als	
	(d) Street No.			e) Citizen of foreign country (yes	or 140).2000
	Balled Hirl	(about the	(b) If Veleran	If Yes, which country	ou.
	3. (a) FULL NAME Day	- guar-	name war 200	Decurity No	write the word)
	4. Sex 5. Color or Race 6. (a) Single, marked, widowed		MEDICAL CERTIFICATION		
	Jemse aute	or divorced	20. DATE OF DEATH (Month, d		19 47.
	// or wife	6. (c) Age of husband	TIME (Hour and minute)	00:0	J A. V
	/	or wife, if aliveyrs.	21. I hereby certify that I attend		
	7. Birthdate of deceased affail of	-1941	002.27	1047 in apr. 7	7 1047
	5. AGE: Years Months // Days	(Day) (Year) If Jess than 90e day	that I last saw her sinds	illson lov. 2	7 19 45.
	huse	tillfuth	and that death occurred on the	1	
	010.0	ace.	Immediate cause of death	date and nout signs above.	DURATION
	9. Birthplace (City, town or county)	(State or Country)	TEMESCALATE SEASO OF ACAME	0.4	
	Can be de	مما	Macerate	d Telus	
	10. Usual Occupation	1	Due to Full	term	
	11. Industry or Business	h.	7 7	7	***************************************
	12. Name faux take	eliath	Due to		
	13. Birthplace flow aug of	A			
	(City, town or county)	(State or Country)	Other conditions		
	14. Maiden Name GRANE ES	allevis	(Include pregnancy	within 3 months of death)	
	15. Birtholoco Jan Weigs	Calif.	Major findings: Of operations		PHYSICIAN
	(City, town or county)	(State or Country)			Underline the
	16. (a) Informant's own signature flust	Rabogliati	OI autopsy		death should be charged
	(b) Address Glile area				statistically
			22. If death was due to externa	al causes, fill in the following:	
		real	(a) Accident, suicide or homicide (specify)		
	(b) Place (c) Date 4 28 19 47 18. (a) Embalmer's Signature (b) Funeral Director (c) Address		(b) Date of occurrence		******************
			(c) Where did injury occur?		/6
			(City or Town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in		
			1	us nome, on rasm, in mousinal plac	e, an
	01.0 98-114		public place?	(Specify type of place)	
	19. (a) Date received local Regi.	strar)	While at work?(e)	Means of injury	
	90-11. 100	00.	23. Signature	Harper	
	(B) (Registrar's Signature	e)	Address Raul	and Date signed	4-18-4
	20M 100% Rag 9-19-41		•	<i>1</i> 7	•