2191

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 158
Registrar's No. 663

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (rural) (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) Route 12, Box 460C

(d) Length of Stay: In Hospital or Institution None; In Community 34 yrs (Specify whether years, months or days); In Arizona 34 yrs

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. (Rt. 12 Box 460-C 11th St., 2 blcks. S. of Southern Ave.; (e) Citizen of foreign country (Yes or No) ; If Yes, which country ; (c) Social Security No. None

3. (a) FULL NAME Srilda Tempy ORSBORN (b) If veteran name war

4. Sex: female
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Widowed
6. (b) Name of husband or wife: J.H. Orsborn
6. (c) Age of husband or wife, if alive: deceased yrs.

7. Birthdate of deceased: May (Month) 16 (Day) 1866 (Year)

8. AGE: Years 80 Months 10 Days 20 If less than one day hrs. min.

9. Birthplace: unknown (City, town or county) (State or Country)

10. Usual Occupation: Housewife

11. Industry or Business: At home

Father 12. Name: S. W. Hogue
Father 13. Birthplace: (City, town or county) Tennessee (State or Country)

Mother 14. Maiden Name: Tempy Smith
Mother 15. Birthplace: (City, town or county) Tennessee (State or Country)

16. (a) Informant's own signature: Huie S. Orsborn
(b) Address: Route 12, Box 460-C

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Greenwood Mem. (c) Date 4/9 1947

18. (a) Embalmer's Signature: Fred C. Harrau #227
(b) Funeral Director: Hal Grimshaw
(c) Address: 331 W. Monroe St., Phoenix

19. (a) APR 12 1947 (Date received Local Registrar)
(b) Robert J. Parker Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): April 6, 1947;
TIME (Hour and minute): 3:30 a. M.

21. I hereby certify that I attended the deceased from March 25, 1947 to April 6, 1947; that I last saw him alive on March 30, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure
Due to: Arteriosclerotic heart disease
Due to:

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: General years

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: Robert J. Parker, M.D. M. D.
Address: Rt 5 Box 152 Phoenix Date signed 4-8-47

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