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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

State File No. 233
Registrar's No. 789

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 3096 E. Fillmore (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 34 Years ; In Arizona 34 Years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. 3096 E. Fillmore ; (e) Citizen of foreign country (Yes or No) ; If Yes, which country ;

3. (a) FULL NAME Hattie Louise Hess (b) If veteran name war ; (c) Social Security No.

4. Sex Female | 5. Race White [X] Indian [ ] Negro [ ] Oriental [ ] | 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 Jan. 19, 1868 (Month) (Day) (Year)

8. AGE: Years 79 | Months 2 | Days 27 | If less than one day hrs. ... min.

9. Birthplace Eota, Minn. (City, town or county) (State or Country)

10. Usual Occupation At Home

11. Industry or Business

Father
12. Name Isaac Newton Farrar
13. Birthplace Albany, N. Y. (City, town or county) (State or Country)

Mother
14. Maiden Name Elizabeth J. Richmond
15. Birthplace N. Y. (City, town or county) (State or Country)

16. (a) Informant's own signature Norine Hess Atchison
(b) Address 3096 E. Fillmore

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

18. (a) Embalmer's Signature Henry T. Forman
(b) Funeral Director Arizona Funeral Home
(c) Address 376 N. 3rd Ave

19. (a) APR 22 1947 (Date received Local Registrar)
(b) Carl J. Hughes by Jr. Kim Deputy (Registrar's Signature)

40M--100% Rag—1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 15, 1947 ;
TIME (Hour and minute) 7:30 A. M.

21. ~~I hereby certify that I attended the deceased from~~ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.
At Mortuary, ~~19~~ to ..., 19 ... ;
~~that I last saw it alive~~ on 4 - 15 - ; 1947
and that death occurred on the date and hour stated above.
Immediate cause of death apparently coronary occlusion due to arteriosclerosis with marked hypertension
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 O. C. WEST, M. D. M. D.
Address MEDICAL EXAMINER COUNTY ATTORNEY'S OFFICE MARICOPA COUNTY, ARIZONA Date signed 4-17-47