2521

Dr. Charles A. L. Stephens 2430E6th.

BRING'S Phone 14 or 5020

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 475
Registrar's No. 440

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Tucson Medical Center (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days (Specify whether years, months or days); In Community 10 Yrs.; In Arizona 10 Yrs.

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima (c) City or Town Tucson, (If outside city limits also write RURAL)
(d) Street No. 241 East 5th. Street (e) Citizen of foreign country (Yes or No) No
If Yes, which country None
(b) If Veteran name war (c) Social Security No. None

3. (a) FULL NAME Laura Lewis Fickett

4. Sex Female
5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Webster L. Fickett
6. (c) Age of husband or wife, if alive 52 yrs.
7. Birthdate of deceased May 3, 1894 (Month) (Day) (Year)
8. AGE: Years 52 Months 11 Days 20 If less than one day hrs. min.
9. Birthplace Ninevah, Penna. (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name William T. Lewis
13. Birthplace (City, town or county) Penna. (State or Country)
Mother 14. Maiden Name Not known
15. Birthplace (City, town or county) Penna. (State or Country)
16. (a) Informant's own signature Webster L. Fickett By AB
(b) Address 241 East 5th. St.
17. (a) Burial, Cremation or Removal Burial
(b) Place Southlawn (c) Date 4-28- 1947
18. (a) Embalmer's Signature D.W. Tyle
(b) Funeral Director Howard A. Bring
(c) Address BRING'S FUNERAL HOME
19. (a) 4-26-47 (Date received Local Registrar)
(b) Verna F. Oakey (Registrar's Signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 23, 1947;
TIME (Hour and minute) 12 ; 05 P. M.
21. I hereby certify that I attended the deceased from April 21, 1947, 19__ to April 23, 1947, 19__
that I last saw her alive on April 23, 1947,
and that death occurred on the date and hour stated above.
Immediate cause of death Two Coronary thrombosis with myocardial infarction
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy As above -

DURATION
3 months and 1 minute

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 Charles A. L. Stephens Jr. M. D.
Address 2430 East 6th. St. Date signed 4-25-47

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