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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 494
Registrar's No. 448

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 VET. ADM. HOSP. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution since 8-15-46 (Specify whether years, months or days); In Community since 8-15-46; In Arizona since 8-15-46
2. Usual Residence of Deceased: (a) State New York; (b) County —; (c) City or Town Monticello (If outside city limits also write RURAL)
(d) Street No. P. O. Box 421 (e) Citizen of foreign country (Yes or No) No
If Yes, which country (c) Social Security No. None
3. (a) FULL NAME GREENFIELD, Samuel XC- 1 044 021 (b) If Veteran name war WW

4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ] White
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Alice Greenfield
6. (c) Age of husband or wife, if alive 37 yrs.
7. Birthdate of deceased Nov. (Month) 10, (Day) 1894 (Year)
8. AGE: Years 52 Months 5 Days 18 If less than one day hrs. — min. —
9. Birthplace (City, town or county) New York (State or Country)
10. Usual Occupation Sanitary Inspector
11. Industry or Business —
Father 12. Name Martin Greenfield (deceased)
13. Birthplace (City, town or county) Hungary (State or Country)
Mother 14. Maiden Name Rose Aultman (deceased)
15. Birthplace (City, town or county) Hungary (State or Country)
16. (a) Informant's own signature Hans F. Stein
(b) Address HANS F. STEIN, M.D., Ward Physician & HOSP. REC. VAH, Tucson, Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place New York N.Y. (c) Date 4-29-1947
18. (a) Embalmer's Signature Geo. F. Dyer
(b) Funeral Director Verna E. Young
(c) Address Arizona Mortuary, Tucson
19. (a) 4-29-47 (Date received Local Registrar)
(b) Teresa H. Dakey (Registrar's Signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 28, 1947;
TIME (Hour and minute) 3:45 a. M.
21. I hereby certify that I attended the deceased from August 15, 1946 to April 28, 1947; that I last saw him alive on April 28, 1947; and that death occurred on the date and hour stated above.
Immediate cause of death PULMONARY TUBERCULOSIS
Due to
Due to
Other conditions Bronchial asthma (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy None made

DURATION
since 1923

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 J. J. AHERN, M.D., Clinical Director M.D.
Address VAH, Tucson, Ariz. Date signed 4-28-47

40M—100% Rag—6-45