2608

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 559
Registrar's No. 324 E.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location Pioneer's Home (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 9 Mos.; In Community 9 Mos.; In Arizona 57 Yrs. (Specify whether years, months or days)

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

3. (a) FULL NAME George W. Wright

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

7. Birthdate of deceased Aug. (Month) 31 (Day) 1866 (Year)

8. AGE: Years 80 Months 7 Days 13 If less than one day hrs. ..... min. .....

9. Birthplace Clark Co. (City, town or county) Mississippi (State or Country)

10. Usual Occupation Cook and Baker

11. Industry or Business Retired

Father
12. Name John W. Wright
13. Birthplace Canada (City, town or county) (State or Country)

Mother
14. Maiden Name Caroline Bucklu
15. Birthplace Alabama (City, town or county) (State or Country)

16. (a) Informant's own signature Pioneer Home Rcds.
(b) Address Prescott, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott Ariz. (c) Date 4/16 19 47

18. (a) Embalmer's Signature C E Hunter
(b) Funeral Director C. E. Hunter
(c) Address Prescott, Arizona

19. (a) April 25, 1947 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Apr. 14, 1947, 19 ....;
TIME (Hour and minute) 6:45 A.M. M.

21. I hereby certify that I attended the deceased from 1 Jan, 1947 to 14 Apr, 1947 that I last saw him alive on 12 Apr, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arteriosclerosis

Due to Senility (Popliteal) Thrombosis popliteal

Other conditions Amputation left leg (Include pregnancy within three months of death)

Major findings:
Of operations
Of autopsy

DURATION
1 hr.
June 1947

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 [signature] M. D.
Address Prescott Ariz. Date signed APR 16 1947

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