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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. 178
Registrar's No. 906

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1450 E. Weldon St. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 1½ yrs; In Arizona 1½ yrs (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. 1450 E. Weldon Ave.; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
3. (a) FULL NAME Alberta Daisy BARRON (b) If veteran name war None (c) Social Security No. 529-30-5694

4. Sex Female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife James
6. (c) Age of husband or wife, if alive 50 yrs.
7. Birthdate of deceased April (Month) 2 (Day) 1896 (Year)
8. AGE: Years 51 Months 1 Days 9 If less than one day hrs. min.
9. Birthplace Glasford (City, town or county) Illinois (State or Country)
10. Usual Occupation Housewife
11. Industry or Business At home
Father 12. Name Thomas Sprague
13. Birthplace (City, town or county) Illinois (State or Country)
Mother 14. Maiden Name Hattie Waltanon
15. Birthplace (City, town or county) Illinois (State or Country)
16. (a) Informant's own signature James Barron (son)
(b) Address 1450 E. Weldon Ave., Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place Peoria, Ill. (c) Date 5/12 1947
18. (a) Embalmer's Signature Fred E. Warren #227
(b) Funeral Director Hal Grimshaw
(c) Address 334 W. Monroe St., Phoenix, Ariz.
19. (a) MAY 17 1947 (Date received Local Registrar)
(b) M. Ken Dyrtz (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 11, 1947;
TIME (Hour and minute) 1:00 p. M.
21. I hereby certify that I attended the deceased from May 2, 1947 to , 19 ;
that I last saw her alive on May 2, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death
Coronary thrombosis
Due to
Due to arteriosclerosis
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
acute
2

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 A. J. Furth M. D.
Address 404 Fulton Bldg Date signed 5-15-47

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