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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 1570

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 914 E. Oak (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 8 years (Specify whether years, months or days); in Arizona 8 years

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. 914 E. Oak; (e) Citizen of foreign country (yes or No) no
If Yes, which country _____

3. (a) FULL NAME Truman Elbert Brown (b) If Veteran name war Pro (c) Social Security No. none

4. Sex: Male
5. Color or Race: White
6. (a) ~~Single~~, married, ~~widowed or divorced~~: married
6. (b) Name of husband or wife: Vesta Dillow Brown
6. (c) Age of husband or wife, if alive 41 yrs
7. Birthdate of deceased Feb. (Month) 12 (Day), 1907 (Year)
8. AGE: Years 40 Months 7 Days 0 If less than one day hrs. ____ min. ____
9. Birthplace Jonesboro, Ill. (City, town or county) (State or Country)
10. Usual Occupation Mechanic
11. Industry or Business Automotive

Father
12. Name Chas E. Brown
13. Birthplace Jonesboro, Ill. (City, town or county) (State or Country)

Mother
14. Maiden Name Bessie Manus
15. Birthplace Anna, Ill (City, town or county) (State or Country)

16. (a) Informant's own signature Bessie Brown
(b) Address 1309 W Fillmore Phoenix

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood Phx (c) Date Sept 15 1947

18. (a) Embalmer's Signature Leslie W. Clements
(b) Funeral Director A. L. Moore & Sons
(c) Address 333 W. Adams, Phoenix, Ariz.

19. (a) SEP 15 1947 (Date received local Registrar)
(b) M. Kerr Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 12th, 1947;
TIME (Hour and minute) 2:10 P.M.

21. I hereby certify that I attended the deceased from Sept 1st, 1947 to Sept 12th, 1947; that I last saw him alive on Sept 12 – 8 AM, 1947; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Circulatory Failure	1 week
Due to Terminal Pulmonary Tuberculosis	8 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

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 H. E. McKinney D.O. ~~M.D.~~
Address 29 W. McDowell Date signed 9-12-47

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____