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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 212
Registrar's No. 1754

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) St. Joseph Hospital
(d) Length of Stay: In Hospital or Institution None (Specify whether years, months or days); In Community None; In Arizona None

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. 1619 West Roosevelt Street; (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 Unnamed BROWN

4. Sex Fe.
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 October (Month) 20 (Day) 1947 (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. ____ min. ____
9. Birthplace Phoenix (City, town or county) Arizona (State or Country)
10. Usual Occupation None
11. Industry or Business None

Father
12. Name General Gordon Brown
13. Birthplace McClough Co. (City, town or county) Texas (State or Country)

Mother
14. Maiden Name Mabel Acton
15. Birthplace Hayden (City, town or county) Arizona (State or Country)

16. (a) Informant's own signature G.G. Brown (father)
(b) Address 1619 W. Roosevelt St. Phx. Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date Oct. 21 1947
18. (a) Embalmer's Signature Fred E. Warren #227
(b) Funeral Director Grimshaw Mortuary
(c) Address 334 West Monroe Street
19. (a) OCT 24 1947 (Date received Local Registrar)
(b) M. Kerr Digby (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 20, 1947;
TIME (Hour and minute) 7:00 P. M.
21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____;
____, 19____ to ____, 19____;
that I last saw h. ____ alive on ____
and that death occurred on the date and hour stated above.
Immediate cause of death Stillborn
Due to ____
Due to ____
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations ____
Of autopsy ____

DURATION

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 Robert L. Moore M. D.
Address Prof. Bldg. Date signed 10/22/47

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