689

121

State File No.

Registrar's No.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Greenlee (b) City or Town Yak Ariz (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 36 years ; In Arizona 48 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz ; (b) County Greenlee ; (c) City or Town Yak Ariz (If outside city limits also write RURAL)

(d) Street No. ; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Lucindia Brown. (b) If Veteran name war ; (c) Social Security No. None

4. Sex M | 5. Race White [X] Indian [ ] Negro [ ] Oriental [ ] | 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife John Jay Brown | 6. (c) Age of husband or wife, if alive ? yrs.

7. Birthdate of deceased Dec (Month) 31st (Day) 1861 (Year)

8. AGE: Years 85 | Months 10 | Days 19 | If less than one day hrs. min.

9. Birthplace Madison County (City, town or county) Arkansas (State or Country)

10. Usual Occupation At Home

11. Industry or Business

Father { 12. Name Will Hudson
13. Birthplace Unknown (City, town or county) (State or Country)

Mother { 14. Maiden Name Rutledge
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Victor Rowden
(b) Address Duncan Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Sheldon Ariz (c) Date Nov 20 1947

18. (a) Embalmer's Signature
(b) Funeral Director McALLEN FUNERAL HOME
(c) Address Clifton Arizona

19. (a) Nov 24 1947 (Date received Local Registrar)
(b) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 19th 1947
TIME (Hour and minute) 9:30 am M.

21. I hereby certify that I attended the deceased from Jan 1946 to Nov 19 1947
that I last saw her alive on Nov 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC Myocardial Degeneration — DURATION 10 yrs

Due to

Due to

Other conditions Senility
(Include pregnancy within three 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 R. C. Burgess M. D.
Address Clifton Ariz Date signed 11-19-47

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