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Dr. Fillmore

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

136

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No. _____

Registrar's No. 187

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 15 So. Surrine
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution home; In Community 12 yrs.; In Arizona 67 yrs.
(Specify whether years, months or days)

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

(d) Street No. 15 So. Surrine; (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME Rilla Ann Curtis (b) If veteran name was No (c) Social Security No. None

4. Sex Female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Ami J. Curtis 6. (c) Age of husband or wife, if alive 71 yrs.

7. Birthdate of deceased Sept. 20, 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 13 If less than one day
hrs. min.

9. Birthplace Fairview, Utah
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Housewife

Father { 12. Name William Temple Oliver
13. Birthplace Kentucky
(City, town or county) (State or Country)

Mother { 14. Maiden Name Nancy Francis Lavern
15. Birthplace Illinois
(City, town or county) (State or Country)

16. (a) Informant's own signature A. J. Curtis
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 11-5-1947

18. (a) Embalmer's Signature R. M. Daybell
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) 11-7-47
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 2, 1947
TIME (Hour and minute) 8 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary - Chronic

Due to Undetermined

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 A. J. Fillmore M. D.
Address Mesa, Ariz. Date signed Nov 6-47