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

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

340

State File No.
Registrar's No. 1984

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 834 North 8th Ave. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 23 yrs.; In Arizona 23 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. 834 North 8th Avenue; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME Truman Hardy COLLINS (b) If veteran name war None (c) Social Security No. None

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Margaret Justin
6. (c) Age of husband or wife, if alive 42 yrs.
7. Birthdate of deceased September (Month) 4 (Day) 1890 (Year)
8. AGE: Years 57 Months 2 Days 22 If less than one day hrs. min.
9. Birthplace Pocahontas (City, town or county) Iowa (State or Country)
10. Usual Occupation Postal clerk
11. Industry or Business U.S. Postoffice

Father
12. Name Guy Collins
13. Birthplace Unk. (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Short
15. Birthplace Unk. (City, town or county) (State or Country)

16. (a) Informant's own signature Margaret J. Collins (widow)
(b) Address 834 N. 8th Ave. Phx; Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Menlo, Iowa (c) Date 11/28 1947

18. (a) Embalmer's Signature Robert E. Fitzgerald 265
(b) Funeral Director Grimshaw Mortuary
(c) Address 334 West Monroe Street

19. (a) NOV 29 1947 (Date received Local Registrar)
(b) M. Rose Dyrilly (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 26, 1947;
TIME (Hour and minute) 2:08 A. M.

21. I hereby certify that I attended the deceased from 5-9, 1944 to 11-26, 1947;
that I last saw him alive on 11-25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRO-VASCULAR ACCIDENT.
Due to CEREBRAL + GENERALIZED ARTERIOSCLEROSIS c̄
Due to HYPERTENSION
Other conditions DIABETES MELLITUS (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
7 MOS
YEARS.

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 H. Jackson M. D.
Address 15 E. MONROE Date signed 11-26-47

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