4393

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

State File No. 143
Registrar's No. 2099

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (If outside city limits also write RURAL) (c) Location GOOD SAM. HOSP. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 HRS. (Specify whether years, months or days); In Community 3 HRS.; In Arizona 3 HRS

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. RT. 1 BOX 107 (3816 E. THOMAS RD.); (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 LENA LUCILLE DAVIE

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 NONE
6. (c) Age of husband or wife, if alive ___ yrs.

7. Birthdate of deceased DEC. 5, 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. 3 min. 0

9. Birthplace PHOENIX, ARIZONA (City, town or county) (State or Country)

10. Usual Occupation NONE

11. Industry or Business NONE

Father
12. Name BILL DAVIE
13. Birthplace UTAH (City, town or county) (State or Country)

Mother
14. Maiden Name LENA R. HUNT
15. Birthplace COLORADO (City, town or county) (State or Country)

16. (a) Informant's own signature BILL DAVIE
(b) Address 3816 E. THOMAS, RD. PHOENIX, ARIZONA

17. (a) Burial, Cremation or Removal BURIAL
(b) Place ST. JOHNS CEM. (c) Date DEC. 8 19 47

18. (a) Embalmer's Leah M. Clements 216 R
(b) Funeral Director A. L. MOORE & SONS
(c) Address 333 W. ADAMS, PHOENIX, ARIZONA

19. (a) DEC 6 1947 (Date received Local Registrar)
(b) M. Kerr Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) DEC. 6, 1947, 19___;
TIME (Hour and minute) 1:30 AM

21. I hereby certify that I attended the deceased from Birth M. ___, 19___ to 12-6, 1947 that I last saw her alive on 12-6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death
Atalectasis

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION
Birth

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 E. Henry Kenney M. D.
Address 1500 N. O'Donnell Date signed 12-6-47

40M—100% Rag—1-47