9484

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

State File No. 226
Registrar's No. 2160

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 1401 E. Hoover (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 21 yrs. (Specify whether years, months or days); In Arizona 21 yrs.

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. 1401 East Hoover St.; (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 Edna Esther CURRIE

4. Sex Female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife William E.
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased Aug. (Month) 17 (Day) 1882 (Year)
8. AGE: Years 65 Months 3 Days 27 If less than one day hrs. ..... min. .....
9. Birthplace Omaha (City, town or county) Nebraska (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
Father 12. Name Unk. Peterson
13. Birthplace Unk. (City, town or county) Sweden (State or Country)
Mother 14. Maiden Name Unk.
15. Birthplace Unk. (City, town or county) Sweden (State or Country)

16. (a) Informant's own signature Cuthbert CURRIE (son)
(b) Address 1401 E. Hoover St.; Phx, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood Cemetery (c) Date 12/16 1947

18. (a) Embalmer's Signature J Ward Hufford #299R.
(b) Funeral Director Grimshaw Mortuary
(c) Address 334 West Monroe Street

19. (a) DEC 22 1947 (Date received Local Registrar)
(b) M. Kerr D. Gority (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 14, 1947
TIME (Hour and minute) 2:45 A. M.

21. I hereby certify that I attended the deceased from May, 1947 to 12-14, 1947
that I last saw her alive on 12-13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion c̄ Bronchopneumonia.
Due to
Due to
Other conditions Right Sided Paresis (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION
1 week +

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 J. Allen Gunn Jr. M. D.
Address 1626 N. Central Date signed 12-17-47

40M—100% Reg—1-47