4891

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Dr. ONiel
State File No. 605
Registrar's No. 121

1. Place of Death: (a) County Pinal (b) City or Town Casa Grande (If outside city limits also write RURAL) (c) Location Lincoln Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 week; In Community 10½ years (Specify whether years, months or days); In Arizona 10½ years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal; (c) City or Town Casa Grande (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 L. Vester Branum (b) If Veteran name war no (c) Social Security No. none

4. Sex Male
5. Race White ☑ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Mrs. Ida J.
6. (c) Age of husband or wife, if alive 44 yrs.
7. Birthdate of deceased Dec. 26. 1900 (Month) (Day) (Year)
8. AGE: Years 47 Months Days If less than one day hrs. min.
9. Birthplace Hornimville, Missouri (City, town or county) (State or Country)
10. Usual Occupation Rancher
11. Industry or Business Service station
Father 12. Name J. S. Branum
13. Birthplace Missouri (City, town or county) (State or Country)
Mother 14. Maiden Name No record
15. Birthplace (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs. Ida J. Branum
(b) Address Bx. 698 ~~Casa Grande, Arizona~~
17. (a) Burial, Cremation or Removal Burial
(b) Place Mt. View Cemetary (c) Date Dec. 23, 1947
18. (a) Embalmer's Signature Garfield E. Jones
(b) Funeral Director Cole & Maud Mortuary
(c) Address Casa Grande, Arizona
19. (a) 1/3/48 (Date received Local Registrar)
(b) Gertrude J. Hager (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 21, 1947; TIME (Hour and minute) 10:30 A. M.
21. I hereby certify that I attended the deceased from Sept 1, 1947 to Dec 21, 1947; that I last saw him alive on Dec 21, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary — DURATION 1 yr.
Due to
Due to
Other conditions (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 James F. O'Neil M. D.
Address Casa Grande Date signed 12-29-47

s 40M—100% Rag—6-45