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. 169
Registrar's No. 27

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (RURAL) (If outside city limits also write RURAL) (c) Location 52nd ST. & McDOWELL RD. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution NONE; In Community 16 YEARS; In Arizona 29 YEARS (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ARIZONA; (b) County MARICOPA (c) City or Town PHOENIX, (RURAL) (If outside city limits also write RURAL)

(d) Street No. 52nd ST. & McDOWELL RD. (RT. 9, BOX 2010); (e) Citizen of foreign country (Yes or No) No. If Yes, which country

3. (a) FULL NAME FRANCIS WILLIAM WESTBROOK (b) If veteran name war NONE (c) Social Security No.

4. Sex: M

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: MARRIED

6. (b) Name of husband or wife: FRANCES EMMA WESTBROOK

6. (c) Age of husband or wife, if alive: 64 yrs.

7. Birthdate of deceased: APRIL 10, 1872 (Month) (Day) (Year)

8. AGE: Years 75 | Months 8 | Days 25 | If less than one day hrs. min.

9. Birthplace: PAROWAN, UTAH (City, town or county) (State or Country)

10. Usual Occupation: RETIRED

11. Industry or Business: STATIONARY ENGINEER

Father
12. Name: FRANK WESTBROOK
13. Birthplace: UNKNOWN (City, town or county) (State or Country)

Mother
14. Maiden Name: UNKNOWN
15. Birthplace: UNKNOWN (City, town or county) (State or Country)

16. (a) Informant's own signature: MRS. FRANCES EMMA WESTBROOK
(b) Address: RT. 9, BOX 2010, PHOENIX, ARIZONA

17. (a) Burial, Cremation or Removal: BURIAL
(b) Place: MESA CEM. PHOENIX (c) Date: JAN. 10, 19 48

18. (a) Embalmer's Signature: Tyler Hays #269
(b) Funeral Director: A. L. MOORE & SONS
(c) Address: 333 W. ADAMS, PHOENIX, ARIZONA

19. (a) JAN 7, 1948 (Date received Local Registrar)
(b) McKim Kirkly (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): JAN. 5, 1948, 19; TIME (Hour and minute): 9:00 PM M.

21. I hereby certify that I attended the deceased from January 27, 1946, to January 5, 1948; that I last saw him alive on January 3, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia — DURATION: 1 week

Due to: Senil arteriosclerosis — DURATION: years

Due to: Bronchial asthma — DURATION: years

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: Joseph D. Seitz M.D. M. D.
Address: 543 E. McDowell Date signed: 1-6-48

® 40M—100% Rag—1-47