696

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 618
Registrar's No. 119

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location 1024 South 2nd. Avenue (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 2 Yrs. (Specify whether years, months or days); In Arizona 2 Yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Tucson (If outside city limits also write RURAL)
(d) Street No. 1024 South 2nd. Avenue; (e) Citizen of foreign country (Yes or No) No
If Yes, which country None
3. (a) FULL NAME Lillian Archambeault (b) If Veteran name war — (c) Social Security No. None

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 — — — — — — — — —
6. (c) Age of husband or wife, if alive X yrs.
7. Birthdate of deceased April 2, 1878 (Month) (Day) (Year)
8. AGE: Years 69 Months 9 Days 26 If less than one day hrs. min.
9. Birthplace Sandusky, Ohio (City, town or county) (State or Country)
10. Usual Occupation None
11. Industry or Business
Father 12. Name Not known
13. Birthplace Not Known (City, town or county) (State or Country)
Mother 14. Maiden Name Not known
15. Birthplace Not known (City, town or county) (State or Country)
16. (a) Informant's own signature George Archambeault
(b) Address 1024 So. 2nd. Ave.
17. (a) Burial, Cremation or Removal Burial
(b) Place Holy Hope Cem. (c) Date 1/30/ 1948
18. (a) Embalmer's Signature Arthur J. Adair
(b) Funeral Director Howard W. Bring
(c) Address BRING'S FUNERAL HOME
19. (a) 1-29-48 (Date received Local Registrar)
(b) Teresa F. Oakey Deputy (Registrar's Signature)

Dr. E. J. Nagoda - Valley Bldg.
Bring's Phone 14 or 5020

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 28, 1948;
TIME (Hour and minute) 6 : 25 A. M.
21. I hereby certify that I attended the deceased from Oct 7, 1946 to Jan 28, 1948; that I last saw her alive on Jan 27, 1948; and that death occurred on the date and hour stated above.
Immediate cause of death Arteriosclerotic Heart disease
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations none
Of autopsy

DURATION: 2 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 E. Nagoda M. D.
Address Tucson, Ariz. Date signed 1/28/48

40M—100% Regs 6-10-44