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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. 912
Registrar's No. 310

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Monica (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 days (Specify whether years, months or days); In Community 6 months; In Arizona 6 months

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. 1806 W. Olive (e) Citizen of foreign country (Yes or No) If Yes, which country
(b) If veteran name war (c) Social Security No.

3. (a) FULL NAME Sharon Gayle Brower

4. Sex female
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced child
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ___ yrs.

7. Birthdate of deceased Sept. 10 (Month) (Day) 1947 (Year)

8. AGE: Years | Months 5 | Days 26 | If less than one day hrs. ___ min. ___

9. Birthplace Phoenix (City, town or county) Arizona (State or Country)

10. Usual Occupation infant

11. Industry or Business

Father
12. Name Verlie Eugene Brower
13. Birthplace Muncie Indiana (City, town or county) (State or Country)

Mother
14. Maiden Name Wilma Dolores Arnold
15. Birthplace Duught, Ill. (City, town or county) (State or Country)

16. (a) Informant's own signature Verlie Eugene Brower
(b) Address 1020 W. Washington

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 2/9 1948

18. (a) Embalmer's Signature Mortensen Kingsley Mortuary
(b) Funeral Director L. McMortensen
(c) Address 1026 West Wash

19. (a) FEB 9 1948 (Date received Local Registrar)
(b) M. Kerr Dupirky (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 2/5/48, 19__;
TIME (Hour and minute) 1:45 P.M.

21. I hereby certify that I attended the deceased from 2-4, 1948 to 2-5, 1948; that I last saw him alive on 2-5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Edema
Due to Anemia
Due to Pending autopsy report
Due to
Other conditions (include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION

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 [signature] M.D.
Address Phoenix Date signed 2-7-48

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