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. 1266
Registrar's No. 202

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Medical Center (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 41 days (Specify whether years, months or days); In Community 4 mos.; In Arizona 4 mos.

2. Usual Residence of Deceased: (a) State Michigan; (b) County; (c) City or Town Bay City (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 GEORGE D. LARABEE (b) If veteran name war (c) Social Security No.

4. Sex: Male

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 ... yrs.

7. Birthdate of deceased August 23, 1890 (Month) (Day) (Year)

8. AGE: Years 57 | Months 5 | Days 19 | If less than one day hrs. ... min.

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

10. Usual Occupation Cigar Store owner

11. Industry or Business

Father: 12. Name Larabee; 13. Birthplace unknown (City, town or county) (State or Country)

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

16. (a) Informant's own signature Minnie B. Clark
(b) Address 3508 So. Lundy Ave.

17. (a) Burial, Cremation or Removal removal
(b) Place Bay City, Mich. (c) Date 2-15 1948

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Parker Mortuary
(c) Address 215 N. Stone Ave., Tucson, Ariz.

19. (a) 2-14-48 (Date received by Local Registrar)
(b) Vernon H. Baker (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 12, 1948; TIME (Hour and minute) 2:10 P.M.

21. I hereby certify that I attended the deceased from 1 Jan 47, 19..., to 12 Feb, 1948; that I last saw him alive on 12 Feb, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, Heart Disease with Arterial Hypertension — DURATION: long

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 [illegible] M.D.
Address 110 S. Scott St. Date signed 14 Feb 48

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