2009

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. 1808
Registrar's No. 27

1. Place of Death: (a) County Pima (b) City or Town Tucson (If outside city limits also write RURAL) (c) Location Med. Center (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution five days; In Community 20 days (Specify whether years, months or days); In Arizona 20 days

2. Usual Residence of Deceased: (a) State Ohio; (b) County Summit; (c) City or Town Cuyohoga Falls (If outside city limits also write RURAL)
(d) Street No. 2775 Archwood Place; (e) Citizen of foreign country (Yes or No) no
If Yes, which country

3. (a) FULL NAME IRESTA K. LEAVER (b) If veteran name war XXXXX (c) Social Security No. 293-20-0375

4. Sex Fem. 5. Race White [X] Indian [ ] Negro [ ] Oriental [ ] 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife George F. 6. (c) Age of husband or wife, if alive 56 yrs.

7. Birthdate of deceased Nov. 20th 1898 (Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 11 If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business

Father 12. Name Jesse Gault
13. Birthplace (?) Ohio (City, town or county) (State or Country)

Mother 14. Maiden Name Deligtha Kinney
15. Birthplace (?) Ohio (City, town or county) (State or Country)

16. (a) Informant's own signature George F. Leaver
(b) Address George F. Leaver 2775 Archwood Place, Akron, Ohio

17. (a) Burial, Cremation or Removal Removal
(b) Place Cuyohaga Falls (c) Date Mar. 4, 1948

18. (a) Embalmer's Signature Chris A Reilly
(b) Funeral Director REILLY FUNERAL HOME
(c) Address 102 E. Pennington St., Tucson, Arizona

19. (a) 3-4-48 (Date received Local Registrar)
(b) Teresa F. Oakey Deputy (Registrar's Signature)

40M—100% Reg—1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 2, 1948;
TIME (Hour and minute) 7:55 P. M.

21. I hereby certify that I attended the deceased from Feb 20, 1948 to March 2, 1948
that I last saw h alive on " " ; 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations none

Of autopsy Pulmonary Tuberculosis

DURATION 4 yrs.

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 F B Schutzbank M.D.
Address 4065-E. Cooper Date signed 3/3/48
Tucson Ariz.