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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 2322
Registrar's No. 87

1. Place of Death: (a) County Navajo (b) City or Town Holbrook (If outside city limits also write RURAL) (c) Location Municipal Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 hrs; In Community lifetime; In Arizona lifetime (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Heber (If outside city limits also write RURAL)
(d) Street No.; (e) Citizen of foreign country (Yes or No); If Yes, which country
3. (a) FULL NAME Della Ann Allred (b) If Veteran name war (c) Social Security No.

4. Sex: F
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased Nov. (Month) 16 (Day) 1947 (Year)
8. AGE: Years | Months 2 | Days 18 | If less than one day hrs. min.
9. Birthplace Snowflake (City, town or county) Ariz. (State or Country)
10. Usual Occupation Infant
11. Industry or Business
Father 12. Name Earl S. Allred
Father 13. Birthplace Central (City, town or county) Arizona (State or Country)
Mother 14. Maiden Name Velva Rose Larson
Mother 15. Birthplace Glenbar (City, town or county) Arizona (State or Country)
16. (a) Informant's own signature X Earl S. Allred
(b) Address Heber Arizona
17. (a) Burial, Cremation or Removal Heber
(b) Place Heber (c) Date 2/5 1948
18. (a) Embalmer's Signature None
(b) Funeral Director None
(c) Address
19. (a) 2/4/48 (Date received Local Registrar)
(b) Gladys M. Cross (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 4, 1948;
TIME (Hour and minute) 5:00 P.M.
21. I hereby certify that I attended the deceased from Feb 4, 1948 to Feb 4, 1948; that I last saw her alive on Feb 4, 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia entire right lung — DURATION: 48 hrs.
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 Bernard D. Haywood M. D.
Address Holbrook Date signed 2-4-48

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