302

2784

State File No. 1121
Registrar's No.

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

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (If outside city limits also write RURAL) (c) Location GOOD SAM. HOSP. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 16 DAYS (Specify whether years, months or days); In Community 8 MONTHS; In Arizona 8 MONTH S

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. 2542 N. CORNELL (e) Citizen of foreign country (Yes or No) NO
If Yes, which country
(b) If veteran name war NONE (c) Social Security No.

3. (a) FULL NAME LOIS AMELIA WEST

4. Sex FE
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced MARRIED
6. (b) Name of husband or wife CHRISTOPHER JAMES WEST
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased MAY 18, 1900 (Month) (Day) (Year)
8. AGE: Years 47 Months 11 Days 21 If less than one day hrs. ..... min.
9. Birthplace PETERBOROUGH, ONTARIO, CANADA (City, town or county) (State or Country)
10. Usual Occupation HOUSEWIFE
11. Industry or Business HOME
Father 12. Name RALPH CALWILL BRAUND
13. Birthplace CANADA (City, town or county) (State or Country)
Mother 14. Maiden Name AMELIA MAY GREENE
15. Birthplace CANADA (City, town or county) (State or Country)
16. (a) Informant's own signature SHIRLEY JUNE WEST (DAU)
(b) Address 2542 N. CORNELL, PHOENIX, ARIZONA
17. (a) Burial, Cremation or Removal BURIAL
(b) Place GREENWOOD, PHOENIX (c) Date MAY 12 19 48
18. (a) Embalmer's Signature Tyler Hays #269
(b) Funeral Director A. L. MOORE & SONS
(c) Address 333 W. ADAMS, PHOENIX, ARIZONA
19. (a) MAY 11 1948 (Date received Local Registrar)
(b) Mrs Carl J. Hughes (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) MAY 9, 1948, 19 ..... ; TIME (Hour and minute) 3:45 PM M.
21. I hereby certify that I attended the deceased from 4/19/48, 19 ..... to May 9, 1948, 19 ..... ; that I last saw her alive on May 9/48, 19 ..... ; and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Colon & Metastasis
Due to to liver etc
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy as above

DURATION
Unknown

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 M J McKeown M. D.
Address 9266 McDowell Phoenix Date signed May 11/48

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