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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. 3168
Registrar's No. 44

1. Place of Death: (a) County Coconino (b) City or Town Flagstaff (If outside city limits also write RURAL) (c) Location 402 N. San Francisco (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 20 years; In Arizona 40 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Coconino; (c) City or Town Flagstaff (If outside city limits also write RURAL)
(d) Street No. 402 North San Francisco (e) Citizen of foreign country (Yes or No) No
If Yes, which country
(b) If veteran name war (c) Social Security No. Unknown

3. (a) FULL NAME Laura K. Francis

4. Sex F
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced married
6. (b) Name of husband or wife J. P. Francis
6. (c) Age of husband or wife, if alive 46 yrs.
7. Birthdate of deceased Jan (Month) 1 (Day) 1908 (Year)
8. AGE: Years 40 Months 5 Days 4 If less than one day hrs. min.
9. Birthplace Central (City, town or county) Arizona (State or Country)
10. Usual Occupation Housewife
11. Industry or Business
Father 12. Name John Norton
13. Birthplace Unknown (City, town or county) Utah (State or Country)
Mother 14. Maiden Name Maryetta Webester
15. Birthplace Unknown (City, town or county) Utah (State or Country)
16. (a) Informant's own signature J. P. Francis
(b) Address Flagstaff, Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Flagstaff (c) Date 6/9 1948
18. (a) Embalmer's Signature W. L. Compton
(b) Funeral Director " " "
(c) Address Flagstaff Ariz
19. (a) L-10-48 (Date received Local Registrar)
(b) Gertrude Schmidt (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 5, 1948
TIME (Hour and minute) 10:35 P.M.
21. I hereby certify that I attended the deceased from Jan 10, 1947 to June 5, 1948 that I last saw her alive on June 5, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Terminal Bronchopneumonia
Due to Generalized Carcinomatosis
Due to Carcinoma of Breast
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION
3 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 H. A. Barnes M. D.
Address 23-E. Fine Ave. Flagstaff Date signed June 5 48

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