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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. **3951**  
Registrar's No. **61**

1. Place of Death: (a) County Maricopa (b) City or Town Glendale-rural (c) Location Lat. 19 & Grand Ave.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution None; In Community 22 years; In Arizona 24 years  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa (c) City or Town Glendale-rural  
(If outside city limits also write RURAL)  
(d) Street No. Lateral 19 and Grand Ave. (e) Citizen of foreign country (Yes or No) No  
If Yes, which country (c) Social Security No.

3. (a) FULL NAME Annie Lee Cantrell (b) If Veteran name war (c) Social Security No.

4. Sex Fe- 5. Race White  Indian  Negro  6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife Charlie C. 6. (c) Age of husband or wife, if alive.....YRS.

7. Birthdate of deceased June 6, 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 9 If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business At home

Father { 12. Name William Harmening  
13. Birthplace South Carolina  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Sarah Brown  
15. Birthplace Alabama  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Harry Slack  
(b) Address 462 N. 6th Ave. Glendale, Ariz.

17. (a) Burial, Cremation or Removal burial /  
(b) Place Glendale Mem. Park (c) Date 7/19/48

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director ADAMS-WHITNEY MORTUARY  
(c) Address GLENDAL, ARIZONA

19. (a) 7-16-48  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 15, 1948  
TIME (Hour and minute) 12:03 P.M.

21. I hereby certify that I attended the deceased from June 23, 1948 to July 15, 1948,  
that I last saw her alive on July 14, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Advanced years  
Arteriosclerosis

Due to Nephrosis  
Inination

Other conditions Edemia-generalized  
(Include pregnancy within three months of death)

Major findings:  
Of operations

Of autopsy

DURATION  
1 yr.

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 Newton E. McBride, D.O.  
Address Phoenix Date signed 7-13-48