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. 4993
Registrar's No. 1750

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix Ariz. (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 1day (Specify whether years, months or days); In Arizona 52YRS

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Safford (If outside city limits also write RURAL)

(d) Street No. Safford Ariz.; (e) Citizen of foreign country (Yes or No) ; If Yes, which country

3. (a) FULL NAME Lurie J. Stewart (b) If veteran name war No (c) Social Security No.

4. Sex Fe
5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife U J. Stewart
6. (c) Age of husband or wife, if alive 59 yrs.
7. Birthdate of deceased 6/4/96 (Month) (Day) (Year) Safford Ariz.
8. AGE: Years 52 Months 3 Days 11 If less than one day hrs. min.
9. Birthplace Safford Ariz. (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home

Father
12. Name P.J. Jacobsen
13. Birthplace Denmark (City, town or county) (State or Country)

Mother
14. Maiden Name Abbie L. Flowers
15. Birthplace Utah (City, town or county) (State or Country)

16. (a) Informant's own signature U. J. Stewart
(b) Address Safford Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Safford Ariz. (c) Date 9-16 19 48

18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen - Kingsley
(c) Address 1020 West Wash Phoenix Ariz.

19. (a) SEP 16 1948 (Date received Local Registrar)
(b) Mrs Cort D. Hughes (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 15th 1948, 19; TIME (Hour and minute) 5AM M.

21. I hereby certify that I attended the deceased from Sept 15 48, 19; to Sept 15 48, 19; that I last saw her alive on Sept 15 48; 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — DURATION Sudden death

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy No

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 [illegible] M. D.
Address [illegible] Date signed 9-16-48

40M—100% Rag—1-47