

400720

Dr. Tucker

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

5694

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____

Registrar's No. 84

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

(d) Length of Stay: In Hospital or Institution _____; In Community 33Yrs
(Specify whether years, months or days) In Arizona 33Yrs

2. Usual Residence of Deceased: (a) State ARIZ. (b) County Pinal (c) City or Town Florence
(If outside city limits also write RURAL)

(d) Street No. West Butt Ave (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME anna A Sylvester (b) If Veteran name war NO (c) Social Security No. None

4. Sex Female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased August 6, 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 8 If less than one day hrs. _____ min. _____

9. Birthplace Nodway County Mo.
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business _____

Father { 12. Name Jonathan Wells
13. Birthplace No-Record
(City, town or county) (State or Country)

Mother { 14. Maiden Name Ellen Strain
15. Birthplace No-Record
(City, town or county) (State or Country)

16. (a) Informant's name Mrs. Helen Baker
(b) Address Florence, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Florence, Cemetery (c) Date Oct. 16, 1948

18. (a) Embalmer's Signature Boyd G. Miller
(b) Funeral Director Cole & Maud Mortuary
(c) Address Florence, Arizona.

19. (a) Oct 23 1948
(Date received Local Registrar)

(b) _____
(Registrar's Signature)

(c) _____

(d) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 14, 1948
TIME (Hour and minute) 12:35 P. M.

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

Immediate cause of death Heart Failure

Due to acute Coronary Occlusion

Due to arterio sclerosis

Other conditions (include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

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 W. Tucker M. D.
Address Florence, Ariz. Date signed 23 Oct 48