401150

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. 6085
Registrar's No. 2066

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 6850 N. Central (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 32 Years (Specify whether years, months or days); In Arizona 32 Years
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. 6850 N. Central; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
3. (a) FULL NAME Ida Gardner Lawrence (b) If veteran name war None (c) Social Security No. None

4. Sex Fe
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife None
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased February 9, 1876 (Month) (Day) (Year)
8. AGE: Years 72 Months 8 Days 27 If less than one day hrs. ..... min. .....
9. Birthplace Harper, Iowa (City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
Father 12. Name Joseph J. Gardner
13. Birthplace Jordan, New York (City, town or county) (State or Country)
Mother 14. Maiden Name Ann Elizabeth Clarahan
15. Birthplace Ireland (City, town or county) (State or Country)
16. (a) Informant's own signature Charles Craver, Jr.
(b) Address 6850 N. Central, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place St. Francis, Phoenix (c) Date 11-10-48
18. (a) Embalmer's Signature [signature] #269
(b) Funeral Director A. L. Moore & Sons
(c) Address 333 W. Adams, Phoenix, Arizona
19. (a) NOV 10 1948 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 6, 1948
TIME (Hour and minute) 6:30 PM M.
21. I hereby certify that I attended the deceased from June 1-48, 19.... to Nov 6-48, 19....; that I last saw her alive on Nov 1-48, 19....; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy none

DURATION
2 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 [signature] M. D.
Address [illegible], Phoenix Date signed 11-9-48

15M—100% Rag—3-48