

1676

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

776

CERTIFICATE OF DEATH

REGISTRAR'S NO.

311

BIRTH NO.

| | | | | |
|---|---|--|--|---|
| DEATH 9 317 IDENCE | 1. PLACE OF DEATH A. COUNTY <u>Maricopa</u> | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u> | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Phoenix</u> | | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Phoenix</u> | |
| | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>28 yrs</u> <u>28 yrs</u> | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1011 N. 27th St.</u> | |
| NT 1 3 IAL 182 9 249 | 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Berdina</u> B. (MIDDLE) C. (LAST) <u>Treiber</u> | | | 4. SEX <u>Female</u> |
| | 5. COLOR OR RACE <u>White</u> | | | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |
| | 7. DATE OF BIRTH MONTH <u>3</u> DAY <u>22</u> YEAR <u>66</u> | | | 8. AGE YEARS <u>82</u> MONTHS <u>10</u> DAYS <u>18</u> |
| E 420 H 0 18) 10 | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>At Home</u> | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u> <u>No</u> | |
| | 9B. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 13. SOCIAL SECURITY NO. <u>None</u> | |
| | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Germany</u> | | 11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| ONS, SY H TO IAL ICE AL NER'S ATION AL TOR AR | 14A. FATHER'S NAME <u>Manard Akenberg</u> | | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u> | |
| | 15A. MOTHER'S MAIDEN NAME <u>Agnes ?</u> | | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u> | |
| | 16. INFORMANT'S SIGNATURE <u>Lio Treiber</u> | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>February</u> <u>10</u> <u>1949</u> | |
| 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. | MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary Ht. Disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 Weeks</u> <u>1-25-49</u> <u>then</u> <u>2-10-49</u> |
| | ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Arteriosclerosis</u> | | | |
| | DUE TO (c) <u>Senility</u> <u>urinary incontinence</u> | | | |
| 19A. DATE OF OPERATION <u>None</u> | | 19B. MAJOR FINDINGS OF OPERATION <u>None</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) | | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 21C. (CITY OR TOWN) (COUNTY) (STATE) |
| 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1-25</u> 19 <u>49</u> TO <u>2-10</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>2-10</u> 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>11:50 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | 23C. DATE SIGNED |
| 23A. SIGNATURE (DEGREE OR TITLE) <u>C. C. Fabric M.D.</u> | | 23B. ADDRESS <u>120 - S. 1st Ave.</u> | | <u>2-14-49</u> |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE <u>2-14-49</u> | | 24C. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u> |
| 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona.</u> | | 25A. DATE REC'D BY LOCAL REG. <u>FEB 15 1949</u> | | 25B. REGISTRAR'S SIGNATURE <u>Mrs. Coit D. Hughes</u> |
| 25C. GENERAL DIRECTOR'S SIGNATURE <u>H. L. Murphy</u> | | 25D. ADDRESS <u>Whitney Funeral Home, 350 N 2nd Ave., PHX.</u> | | |