

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2967

CERTIFICATE OF DEATH

BIRTH NO. 64

1. PLACE OF DEATH
A. COUNTY Dea

B. LENGTH OF STAY IN THIS TOWN IN ARIZONA
35 wks. 37 wks.

C. CITY OR TOWN Maine

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
731 Wash Ave

2. USUAL RESIDENCE
A. STATE Arizona

C. CITY OR TOWN Maine

D. STREET ADDRESS 731 Wash Ave

REGISTRAR'S NO. 2967

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
B. COUNTY Dea

IN CITY LIMITS OUTSIDE CITY LIMITS

3. NAME OF DECEASED
A. (FIRST) Stella B. (MIDDLE) Cecile C. (LAST) Chankette

4. SEX Female

5. COLOR OR RACE White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Married

7. DATE OF BIRTH
MONTH Sept DAY 7 YEAR 1915

8. AGE (IN YEARS IF UNDER 1 YEAR; IF UNDER 24 HRS. DURING MOST OF LIFE, EVEN IF RETIRED).
37 wks. Housewife

9A. USUAL OCCUPATION (GIVE KIND OF WORK)

9B. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
No

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
U.S.A.

11. CITIZEN OF WHAT COUNTRY?
U.S.A.

12. SOCIAL SECURITY NO. Unknown

13A. FATHER'S NAME
Unknown Beach

13B. BIRTHPLACE (STATE OR COUNTRY)
Unknown

14. INFORMANT'S SIGNATURE
Ralph E. Chankette

15A. MOTHER'S MAIDEN NAME
Racie Chankette

15B. BIRTHPLACE (STATE OR COUNTRY)
Unknown

16. DATE OF DEATH
MONTH May DAY 16 YEAR 1953

17. DATE OF DEATH
MONTH May DAY 16 YEAR 1953

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
170X

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Carcinoma of breast

2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)

3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
DUE TO (C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (MINUTE)

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 10, 1949 TO May 16, 1953. THAT I LAST SAW THE DECEASED ALIVE ON May 16, 1953 AND THAT DEATH OCCURRED AT 10:15 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE B.E. Lambrecht M.D. 23B. ADDRESS Miami, Fla. 23C. DATE SIGNED 5-19-53

24A. BURIAL CREMATION REMOVAL

24B. DATE May 20, 1953

24C. NAME OF CEMETERY OR CREMATORY Final cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Florida

25A. DATE REC'D BY LOCAL REG. May 25 1953

25B. REGISTRAR'S SIGNATURE Rayton

25C. FUNERAL DIRECTOR'S SIGNATURE H. H. Mel...

25D. EMBALMER'S SIGNATURE H. H. Mel...

26. ADDRESS

27. CERT. NO. 244A