

1720

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. 1549  
Registrar's No. 3219  
Location Good Samaritan Ho  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan Ho  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 4 days; In Community 4 mos. In Arizona 4 mos.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Illinois; (b) County \_\_\_\_\_; (c) City or Town Princeton  
(If outside city limits also write RURAL)  
(d) Street No. 119 S. Church Street (e) Citizen of foreign country (Yes or No) NO  
If Yes, which country \_\_\_\_\_ (c) Social Security No. none  
3. (a) FULL NAME Henry Danford STEELE (b) If veteran name war no (c) Social Security No. none

4. Sex male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or wife Alta M. 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased June 17, 1869  
(Month) (Day) (Year)  
8. AGE: Years 78 Months 8 Days 16 hrs. \_\_\_\_\_ min. If less than one day  
9. Birthplace Dover, Illinois  
(City, town or county) (State or Country)  
10. Usual Occupation Medical doctor  
11. Industry or Business self  
12. Name Andrew L. Steele New York  
13. Birthplace (City, town or county) (State or Country)  
14. Maiden Name Susan Zearing Pennsylvania  
15. Birthplace (City, town or county) (State or Country)

15. (a) Informant's own signature William H. Steele (son)  
(b) Address Rt. 6, Box 1675, Phoenix  
17. (a) Burial, Cremation or Removal removal  
(b) Place Princeton, Ill. Date 3/31 1948  
18. (a) Embalmer's Signature J. E. Warren  
(b) Funeral Director Grimshaw Mortuary  
(c) Address 334 W. Monroe St. Phoenix

19. (a) MAR 8 1948  
(Date received Local Registrar)  
(b) M. Carr & Purdy  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 3, 1948  
TIME (Hour and minute) 12:55 A.  
21. I hereby certify that I attended the deceased from Feb 19, 1948 to March 3, 1948  
that I last saw him alive on March 2, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death myocardial infarction  
Due to coronary thrombosis  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within three months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
5 days  
5 days  
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 John L. Cleveland M. D.  
Address 1045 Prof. Bldg. Phoenix, Ariz. Date signed Mar 4, 1948