

917

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 312  
Registrar's No. 795

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 2253 N. 9th St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 8 Yrs.; in Arizona 9 Yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Ohio; (b) County Butler; (c) City or Town Oxford  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) No  
If Yes, which country \_\_\_\_\_ (If NONE write the word)  
3. (a) FULL NAME ANNA MARGARET SMITH (b) If Veteran name war \_\_\_\_\_ Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced widowed  
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Sept. 11 1896  
(Month) (Day) (Year)  
8. AGE: Years 45 Months 8 Days 18 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Wirth Arkansas  
(City, town or county) (State or Country)  
10. Usual Occupation At home  
11. Industry or Business \_\_\_\_\_  
12. Name Wm. H. Hann  
13. Birthplace Ohio  
(City, town or county) (State or Country)  
14. Maiden Name Mary Burer  
15. Birthplace Ohio  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mr. R. L. Steale  
(b) Address 2253 North 9th Street, Phx., Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Greenwood (c) Date June 1 1942  
18. (a) Embalmer's Signature Stanley Clegg  
(b) Funeral Director A. L. MOSES AND SONS  
(c) Address 355 W. Adams, Phx., Ariz.

19. (a) \_\_\_\_\_ (Date received local Registrar) JUN 3 1942  
(b) [Signature] (Registrar's Signature)  
20M 10% Reg-9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-29-42 19. \_\_\_\_\_  
TIME (Hour and minute) about 6 P.M.

21. I hereby certify that I attended the deceased from FEB 14 1942 to 5-29 1942  
that I last saw h. ER alive on 5-29 1942

and that death occurred on the date and hour stated above.  
Immediate cause of death ACUTE DILATATION OF HEART  
Due to HYPERTENSION

Other conditions ASTHMA (BRONCHIAL)  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
MINUTES  
YEARS  
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 [Signature] Date signed 6-7-42