

4298

128

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_  
Registrar's No. 45

1. Place of Death: (a) County Maricopa (b) City or Town Peoria (c) Location Peoria, Arizona  
(If outside city limits also write RURAL) (St. & No. (6r) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 34 Yrs; In Arizona 34 Yrs  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Peoria  
(If outside city limits also write RURAL)

(d) Street No. Gen. Delivery; (e) Citizen of foreign country (Yes or No) No  
If Yes, which country \_\_\_\_\_ (c) Social Security No. None

3. (a) FULL NAME Amanda K Hammond (b) If Veteran name war \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 3rd, 1946.  
TIME (Hour and minute) 10:45 P. M.  
21. I hereby certify that I attended the deceased from 2-17-46 to 6-2, 1946.  
that I last saw h alive on 6-3, 1946.

and that death occurred on the date and hour stated above.  
Immediate cause of death CORONARY THROMBOSIS  
Due to CARCINOMA  
Other conditions (include pregnancy within three months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION 8 mos.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Married  
6. (c) Age of husband 85 yrs.

7. Birthdate of deceased May 4th, 1887  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 29 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Jasper Tenn.  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

12. Name F. L. Quarles

13. Birthplace Unknown Tenn.  
(City, town or county) (State or Country)

14. Maiden Name Myra Morrison

15. Birthplace Unknown Tenn.  
(City, town or county) (State or Country)

16. (a) Informant's own signature J. A. Hammond  
(b) Address Peoria, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Greenwood Date 6/6, 1946

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director A. M. Shields  
(c) Address 617 North Central, Phoenix, Ariz.

19. (a) \_\_\_\_\_ (Date received Local Registrar) 6-5-46  
(b) A. M. Shields (Registrar's Signature)

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 J. S. Duncan M.D.  
Address Peoria, Arizona Date signed 6-5-46