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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. 141
Registrar's No. 60

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (If outside city limits also write RURAL) (c) Location BUTLER REST HOME (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 7 DAYS; In Community 60 YEARS (Specify whether years, months or days); In Arizona 60 YEARS

2. Usual Residence of Deceased: (a) State ARIZONA; (b) County MARICOPA (c) City or Town PHOENIX (If outside city limits also write RURAL)
(d) Street No. 514 N. 18th AVE. (e) Citizen of foreign country (Yes or No) NO
If Yes, which country

3. (a) FULL NAME LUCY ATOR (b) If veteran name war NONE (c) Social Security No.

4. Sex FE
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced MARRIED
6. (b) Name of husband or wife ADAM ATOR
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased MAY 28, 1863 (Month) (Day) (Year)

8. AGE: Years 84 | Months 7 | Days 6 | If less than one day hrs. ..... min. .....

9. Birthplace OAKDALE, CALIFORNIA (City, town or county) (State or Country)

10. Usual Occupation HOUSEWIFE

11. Industry or Business HOME

Father
12. Name JAMES CROSBY
13. Birthplace UNKNOWN (City, town or county) (State or Country)

Mother
14. Maiden Name HANNAH BROWN
15. Birthplace UNKNOWN (City, town or county) (State or Country)

16. (a) Informant's own signature ADAM ATOR
(b) Address 514 N. 18th AVE. PHOENIX, ARIZONA

17. (a) Burial, Cremation or Removal BURIAL
(b) Place GREENWOOD, PHOENIX (c) Date JAN. 9 19 48

18. (a) Embalmer's Signature Frank S Bueler 253a
(b) Funeral Director A. L. MOORE & SONS
(c) Address 333 W. ADAMS, PHOENIX, ARIZONA

19. (a) JAN 12 1948 (Date received Local Registrar)
(b) M. Ken DeHuty (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) JAN. 4, 1947, 19 ....
TIME (Hour and minute) 3:00 PM M.

21. I hereby certify that I attended the deceased from Jan, 1946 to Jan 4, 1948; that I last saw her alive on Jan 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerotic Heart Disease Senility

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within three months of death)

Major findings:
Of operations .....

Of autopsy .....

DURATION

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 Paul V Palmer M. D.
Address ..... Date signed 1-5-48.

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