

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

141

State File No. _____

Registrar's No. 60

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (c) Location HUTLER REST HOME
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 7 DAYS; In Community 60 YEARS; In Arizona 60 YEARS
(Specify whether years, months or days)

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 Indian Negro Oriental 6. (a) Single, married, widowed MARRIED divorced

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

12. Name JAMES CROSBY

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

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, 1948

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) Mrs. Ann Delanty
(Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) JAN. 4, 1948, 19____.
TIME (Hour and minute) 3:00 PM M.

21. I hereby certify that I attended the deceased from Jan 4, 1948 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 _____

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

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically