

2300

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

2061

State File No. _____

Registrar's No. 20

1. Place of Death: (a) County Cocconino (b) City or Town Flagstaff Rural (c) Location Flagstaff Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution About 4 1/2 hrs.; In Community About 4 1/2 hrs.; In Arizona About 4 1/2 hours
(Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____

3. (a) FULL NAME Unnamed Baby Steucansen (b) If veteran name war _____ (c) Social Security No. None

4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased March 21 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. 4 1/2 min. _____

9. Birthplace Flagstaff Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

12. Name Wm. W. Stevenson

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

14. Maiden Name Florence Stier

15. Birthplace Seattle Wash
(City, town or county) (State or Country)

16. (a) Informant's own signature Wm. W. Stevenson

(b) Address Box 440 Flagstaff Az

17. (a) Burial, Cremation or Removal Burial

(b) Place Flagstaff, Ariz (c) Date Mar 24 1948

18. (a) Embalmer's Signature W. L. Compton

(b) Funeral Director W. L. Compton

(c) Address Flagstaff Arizona

19. (a) April 1, 1948
(Date received Local Registrar)

(b) Gertrude Schmidt
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 21 Mar 48, 1948
TIME (Hour and minute) 7 P M.

21. I hereby certify that I attended the deceased from 21 Mar 48
to 21 Mar 48, 1948

that I last saw live on 21 Mar 48, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

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? _____ (Specify type of place)

23. Signature W. L. Compton M. D.

Address Flagstaff Ariz Date signed 29 Mar 48

DURATION Ida.

PHYSICIAN

Underline the cause to which death should be charged statistically