

1702

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 455
Registrar's No. 1053

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location St Marys Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Five Days Hospital In Community 42 Years; In Arizona 42 Years
(Specify whether years, months or days)

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

(d) Street No. Elgin Arizona; (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME Addana M. Parker (b) If Veteran name war No (c) Social Security No. none

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

6. (b) Name of husband or wife William Andrew Parker 6. (c) Age of husband or wife, if alive 86 yrs.

7. Birthdate of deceased March 14 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 6 If less than one day hrs. min.

9. Birthplace Pleasanton Texas
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

Father { 12. Name Bennett Musgrove
13. Birthplace Texas
(City, town or county) (State or Country)

Mother { 14. Maiden Name Prudence Walker
15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Florence Skelton
(b) Address Coolidge, Arizona, Box 1222

17. (a) Burial, Cremation or Removal Removal
(b) Place Black Oak Cemetery Date Nov 24 1946
Elgin

18. (a) Embalmer's Signature R R Kerr (b) Funeral Director Parker Mortuary
(c) Address Tucson, Arizona

19. (a) 11-23-46 (Date received local Registrar)
(b) L. S. Howard, M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 20 1946, 19____, 19____
TIME (Hour and minute) 9:30 AM. M.

21. I hereby certify that I attended the deceased from 7/11/46, 19____, to 11/20/46, 19____,
that I last saw her alive on 11/20/46, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Acc. - femoral neck (st.)

Due to Accident

Due to _____

Other conditions (Include pregnancy within three months of death)

Major findings: Unintentional frac. femoral neck

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) accident

(b) Date of occurrence 7/8/46

(c) Where did injury occur? Elgin Pima Ariz.
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm
(Specify type of place)

While at work? (e) Means of injury slipped & fell

23. Signature George W. Dixon M. D.
Address Tucson Ariz Date signed 11/22/46