

Dr. Bryant

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 265

Registrar's No. 25

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 week; In Community 17 yrs.; In Arizona 17 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. 211 So. Robson St.; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Oneita Knight Furr (b) If Veteran name war No (c) Social Security No. None

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

6. (b) Name of husband or wife Vernon C. Furr 6. (c) Age of husband or wife, if alive 47 yrs.

7. Birthdate of deceased April 25, 1914
(Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 25 If less than one day hrs. min.

9. Birthplace Montgomery, Alabama
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business at home

12. Name Joseph Frank Knight
13. Birthplace Alabama
(City, town or county) (State or Country)

14. Maiden Name Beulah Mae Pilkinton
15. Birthplace Humbolt, Tenn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Vernon C. Furr
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 1-31-47

18. (a) Embalmer's Signature A.M. Daybell - 2287
(b) Funeral Director Helara Mortuary
(c) Address Mesa, Arizona

19. (a) 2-11-47
(Date received Local Registrar)

(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 17, 1947
TIME (Hour and minute) 9:15 P.

21. I hereby certify that I attended the deceased from Jan 17, 1947 to Jan 17, 1947
that I last saw her alive on Jan 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Renovascular

Due to Chronic arteriosclerosis

Due to _____

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations _____
Of autopsy _____

DURATION 5 days

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 [Signature] M. D.
Address 602 McDonald Date signed 1/17/47