

**ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 325
Registrar's No. 2040
Location 4132 N. 17th St
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 4132 N. 17th St
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 10 years; In Arizona 10 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. 4132 N. 17th St; (e) Citizen of foreign country (Yes or No) no
(If Yes, which country)

3. (a) FULL NAME William P. DeLancey Jr. (b) If Veteran name war none (c) Social Security No. 610 17 1

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

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

7. Birthdate of deceased November 28, 1911
(Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Greenboro, North Carolina
(City, town or county) (State or Country)

10. Usual Occupation Baseball player & Manager

11. Industry or Business

Father { 12. Name William P. DeLancey
13. Birthplace North Carolina
(City, town or county) (State or Country)

Mother { 14. Maiden Name Rosian Brame
15. Birthplace North Carolina
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Frances DeLancey
(b) Address 4132 N. 17th St, Phoenix, Ariz.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 28, 1946
TIME (Hour and minute) 8:30 P. M.

21. I hereby certify that I attended the deceased from 8 April 1946
 , 19 to 28 Nov, 1946
that I last saw him alive on 28 Nov, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to myeloid leucemia

Due to Erythraemia, Chronic Pt.

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION
3 wks
203 yrs.
10 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically

17. (a) Burial, Cremation or Removal Burial
(b) Place St. Francis Cem (c) Date Dec 2, 1946

18. (a) Embalmer's Signature Stanley Clegg
(b) Funeral Director A L Moore & Sons
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) NOV 30 1946 (Date received Local Registrar)
(b) (Registrar's Signature)

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 M. D.
Address 155 E. McDowell Date signed 28 Nov 46