

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

3610-7

CERTIFICATE OF DEATH

REGISTRAR'S NO.

5 05
OF DEATH
AND 31
RESIDENCE
X -

1. PLACE OF DEATH A. COUNTY <u>Wilcox</u>		B. LENGTH OF STAY IN THIS TOWN <u>44 yrs 7 1/2 yrs</u> IN ARIZONA <u>45 yrs</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		B. COUNTY <u>Wilcox</u>	
C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 16th Street</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>700 16th Street</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DECEDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) <u>Robert Allen Smith</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>MARRIED</u>
6B. NAME OF SPOUSE <u>Rosema</u>			7. DATE OF BIRTH <u>Nov. 27 1862</u>	8. AGE (IN YEARS) LAST BIRTHDAY) <u>95</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>FARMING</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	13. SOCIAL SECURITY NO. <u>1</u>
14A. FATHER'S NAME <u>Robert Adam Smith</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Tenn.</u>	15A. MOTHER'S MAIDEN NAME <u>Mary Emma Smithson</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Alabama</u>
16. INFORMANT'S SIGNATURE <u>Ethel Vansley Pina</u>			17. DATE OF DEATH <u>May 9 1959</u>		

491 X
CAUSE
OF
DEATH
TEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____		
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Senility & Arthritis</u>			

OPERATIONS,
UTOPSY

19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-3 1959 TO 5-9 1959 THAT I LAST SAW THE DECEASED ALIVE ON 5-9 1959 AND THAT DEATH OCCURRED AT 3:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DEATH
DUE TO
EXTERNAL
VIOLENCE

22A. SIGNATURE <u>Charles H. Farr, M.D.</u>	22B. ADDRESS <u>Safford, Ariz.</u>	22C. DATE SIGNED <u>5-11-59</u>
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) _____	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, BOAT, ETC.) _____	23C. (CITY OR TOWN) (COUNTY) (STATE) _____
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) _____	23E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? _____

CORONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE _____	24B. ADDRESS _____	24C. DATE SIGNED _____
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FUNERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL OR CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>5-11-59</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Safford Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford Ariz</u>
26A. DATE REC. BY LOCAL REG. <u>May 11-59</u>	26B. REGISTRAR'S SIGNATURE <u>W. H. Caldwell</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Caldwell</u>	27B. ADDRESS <u>Safford</u>
28A. EMBALMER'S SIGNATURE <u>Dale Harlsted</u>	28B. EMBALMER'S CERT. NO. <u>368-A</u>		

175