1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 134

Registered No. 29

1. PLACE OF DEATH

County Graham State Ariz

District or Township Safford or Village

City Pima No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Sarah E. Bailey Anderson

(a) Residence, No. Pima St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word).
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. J. Anderson

6. DATE OF BIRTH (month, day and year) April 10 1851

7. AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	66	10	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Wife

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Springville (State or country) Utah Co. Utah

10. NAME OF FATHER Walter T. Bailey

11. BIRTHPLACE OF FATHER Unknown (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Sarah M. Tarr

13. BIRTHPLACE OF MOTHER Unknown (city or town) (State or country)

14. Informant Hawkins Anderson

(Address) Pima Arizona

15. Filed April 9 1928 J. N. Stratton Registrar.

H.B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 8 1928 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928 to March 8, 1928 that I last saw her alive on March 9, 1928 and that death occurred, on the date stated above, at 6 P. m. The CAUSE OF DEATH* was as follows:

Cardiac Infarct (Infarct)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Femur

(duration) yrs. 1 mos. 2 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. M. Harris, M. D.

3-9 1928 (Address) Pima

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Pima Ariz.

DATE OF BURIAL March 11-28

20. UNDERTAKER H. C. Rawson

ADDRESS Safford Ariz