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BUREAU OF VITAL STATISTICS **ARIZONA STATE BOARD OF HEALTH** STANDARD CERTIFICATE OF DEATH

State File No. 145

1. PLACE OF DEATH

County Graham State Arizona Local Registrar's No. 4

District or Township Safford or Village or

City Eden No. St., Ward

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

2. FULL NAME Sarah Ann Colvin

(a) Residence, No. Eden 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 46 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)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry D. Colvin Dec 15 - 1850

6. DATE OF BIRTH (month, day and year) Dec - 15 - 1850

7. AGE Years	Months	Days	IF LESS than 1 day — hrs. or — min.
80		19	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER — Mikesell

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

12. MAIDEN NAME OF MOTHER

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

14. Informant S. N. Higgins

(Address) Safford Ariz.

15. Filed Feb - 8 - 1931 J. N. Stratton Registrar.

By O.H.L.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan (Month) 4 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931 to Jan 4, 1931, that I last saw her alive on Jan 3, 1931 and that death occurred, on the date stated above, at 8:30 a.m. The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Cardiovascular high B.P.

(Signed) O. W. Brandon, M. D.

19 (Address) Pima Arizona

* 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	DATE OF BURIAL
Eden	1/6/31
20. UNDERTAKER	ADDRESS
Sam Higgins	Safford

MARGIN RESERVED FOR BINDING

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.

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