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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.

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

State File No. 175

Local Registrar's No. 69

1. PLACE OF DEATH

County Graham State Arizona

District or Township Safford or Village ..... or

City Safford No. ..... St., ... Ward

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

2. FULL NAME Joseph Smithson

(a) Residence, No. Safford, Arizona St., ... Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR or RACE White

5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day and year) Feb 18-1854

7. AGE Years 77 Months 4 Days 12 IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (city or town) San Barnetino (State or country) Cal.

PARENTS

10. NAME OF FATHER Allen F. Smithson

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

12. MAIDEN NAME OF MOTHER Janett Burton

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

14. Informant Henry Smithson (Address)

15. Filed 7/8/, 1931 J. N. Stratton Registrar. By O H Lopez

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 30 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/1-, 1930 to 6/30, 1931, that I last saw him alive on 6/28-, 1931, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH* was as follows:

Facial Cancer

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) no

..... (duration) 3 yrs. — mos. — ds.

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

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) W. E. Platt, M. D. 6/30/1931 (Address) Safford Ar

* 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 Safford, Arizona

DATE OF BURIAL July 1-193

20. UNDERTAKER N. C. Rawson

ADDRESS Safford

I 33710