

9680

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County S Graham State Arizona  
District or Township Safford or Village  
City Safford No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

State File No. 70  
Local Registrar's No. 27

2. FULL NAME Gillie Archer Stratton

(a) Residence, No. Safford 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 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WID-OWED or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of Lee H. Stratton (or) WIFE of

6. DATE OF BIRTH (month, day and year) June 6 - 1888

7. AGE Years 48 Months 9 Days 7 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) Waxahatchee (State or country) Texas

10. NAME OF FATHER Eugene Archer

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

12. MAIDEN NAME OF MOTHER Elizabeth Taylor

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

14. Informant Lee H. Stratton (Address) Safford, Arizona

15. Filed 4-8-33 1933 J. H. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 13 1933  
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1933 to March 13, 1933 that I last saw her alive on 3/13/33, 1933

and that death occurred, on the date stated above, at 2:30 p.m. The CAUSE OF DEATH\* was as follows:  
Diabetes mellitus

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. 4

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

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no What test confirmed diagnosis? clinical (Signed) A. W. Butler March 14, 1933 (Address) Safford, Ariz.

\* 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 March 16 - 1933

20. UNDERTAKER McC. Ransom ADDRESS Safford

MARGIN RESERVED FOR BINDING. 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.