

MARGIN RESERVED FOR BINDING

N. B.—WRITE FAINTLY, 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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH St. Graham State ARIZONA State File No. 336
 County Safford or Village Safford Registered No. 336
 City Safford No. 336 (If death occurred in a hospital or institution, give its NAME instead of street and number) St. 336 Ward 336
 Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 35 yrs. 0 mos. 0 ds.

2. FULL NAME Henry Smithson How long in State when death occurred? 35 yrs. 0 mos. 0 ds.
 (a) Residence: No. Safford (Usual place of abode) St. Safford Ward Safford (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>June 21, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>June 21, 1934</u> to <u>June 21, 1934</u> I last saw him alive on <u>June 21, 1934</u> death is said to have occurred on the date stated above, at <u>8 P.</u> m.	
6. DATE OF BIRTH (month, day, and year) <u>April 18-1853</u>					The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>79</u>	Months <u>2</u>	Days <u>3</u>	If LESS than 1 day, hrs. or min.	<u>Dysentery</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>				Other contributory causes of importance: <u>Senility</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
	10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					Date of Onset	
12. BIRTHPLACE (city or town) (state or country) <u>Utah</u>						
MOTHER	13. NAME <u>Allen Smithson</u>					
	14. BIRTHPLACE (city or town) (State or country) <u>S. Carolina</u>					
	15. MAIDEN NAME <u>Janett. Barber.</u>					
FATHER	16. BIRTHPLACE (city or town) (State or country) <u>S. Carolina</u>					
	17. INFORMANT <u>Henry Smithson</u> (Address) <u>Safford Ariz.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Safford, Ariz.</u> Date <u>June 22, 1934</u>						
19. UNDERTAKER <u>H. C. Rawson</u> (Address) <u>Safford Ariz.</u>						
20. Filed <u>July 1, 1934</u> Registrar <u>J. H. Stratton</u> (Signed) <u>G. W. Anderson</u> M. D. (Address) <u>Safford Ariz.</u>						

20M 4-19-33 MS 49294 Form 31 Back of Certificate to be used for any Additional Information