

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.

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

1. PLACE OF DEATH
County Graham State ARIZONA State File No. 55
Township _____ or Village _____ Registered No. _____
City Safford, Ariz No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Mellie Hardy Smith How long in State when death occurred 14 yrs. _____ mos. _____ ds.
(a) Residence: No. Safford, Ariz St. _____ Ward _____
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married
5a. If married, widowed, or divorced HUSBAND of Robert Allen Smith (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) July 16-1870
7. AGE 67 Years 11 Months 7 Days If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____
12. BIRTHPLACE (city or town) Watsonville Calif. (State or Country) _____
13. NAME Hardy.
14. BIRTHPLACE (city or town) England. (State or Country) _____
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) _____ (State or Country) _____
17. INFORMANT R. G. Smith (Address) Safford, Ariz
18. BURIAL, CREMATION OR REMOVAL. Place Safford, Ariz Date Jan 26 1938
19. EMBALMER { License No. _____ Signature _____ }
FUNERAL DIRECTOR { _____ }
Address _____
20. Filed July 9, 1938 J. M. Stratton Registrar
W. G. [unclear]

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) June 25, 1938
22. I HEREBY CERTIFY That I attended deceased from Nov. 1st 1937 to June 25, 1938
I last saw her alive on Jan 27, 1938; death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Parenchymal involving liver pancreas & duodenum & full bladder Date of Onset _____
Other contributory causes of importance:
Chronic Nephritis and Hypertension _____
Name of operation None Date of _____
What test confirmed diagnosis? None (Specify on autopsy?) No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury _____ 19____
Where did injury occur? ✓ (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. M. Stratton M. D.
(Address) Safford, Ariz