1959

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

86

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 13
Registrar's No.

1. Place of Death: (a) County Greenlee (b) City or Town Morenci (If outside city limits write RURAL) (c) Location Morenci Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 4 days; In Community 4 days (Specify whether years, months or days); In Arizona 34 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Greenlee; (c) City or Town Duncan (If outside city limits write RURAL)

(d) Street No.; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Mr. Alfonzo Aker (b) If veteran name war 0 (c) Social Security No. no (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	white	widower

6. (b) Name of husband or wife: Rosa

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	—	—	hrs. min.

9. Birthplace Ash County N C (City, town or county) (State or Country)

10. Usual Occupation School teacher

11. Industry or Business Public Schools

Father: 12. Name Ab Aker

Father: 13. Birthplace Grayson Co Va (City, town or county) (State or Country)

Mother: 14. Maiden Name Rose A Perkins

Mother: 15. Birthplace Ash County N C (City, town or county) (State or Country)

16. (a) Informant's own signature J W Tingham

(b) Address Duncan Ariz

17. (a) ~~Burial, Cremation or~~ Removal Removal

(b) Place Duncan (c) Date 2/22 1941

18. (a) Embalmer's Signature J D McMillan

(b) Funeral Director

(c) Address Clifton Ariz

19. (a) Feb 22 - 1941 (Date received local Registrar)

(b) [illegible] (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 21, 1941;
TIME (Hour and minute) 12:20 P. M.

21. I hereby certify that I attended the deceased from Feb 16, 1941 to Feb 21, 1941; that I last saw him alive on Feb 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus — DURATION 15 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Tingham M.D.
Address Clifton Ariz Date signed 2/22/41