

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 37

1. Place of Death: (a) County Graham (b) City or Town Puma (c) Location Puma
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 53 yrs; In Arizona 53 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Puma
(If outside city limits write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME James Lee Roy Saline (b) If veteran _____ (c) Social Security No. No.
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, (married) widowed or divorced married
6. (b) Name of husband or wife Elizabeth Saline 6. (c) Age of husband or wife, if alive unkn.
7. Birthdate of deceased Jan 9 1874
(Month) (Day) (Year)
8. AGE: Years 67 Months 3 Days 21 If less than one day hrs. min.
9. Birthplace Utah
(City, town or county) (State or Country)
10. Usual Occupation Rancher
11. Industry or Business _____
12. Name John Saline
13. Birthplace Franklin
(City, town or county) (State or Country)
14. Maiden Name Susan Osburn
15. Birthplace unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. A. Hatton
(b) Address Safford, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Puma (c) Date May 1 1941
18. (a) Embalmer's Signature _____
(b) Funeral Director M. E. Rawson
(c) Address Safford, Ariz.
19. (a) May 9th 1941
(Date received local Registrar)
(b) J. V. Stratton M.D.
(Registrar's Signature)
6M 100% Reg 5-17-40 120 Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 30, 1941;
TIME (Hour and minute) 7:49 A.M. M.
21. I hereby certify that I attended the deceased from April 24
1941 to April 30, 1941;
that I last saw him alive on April 24, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia,
and malignant hypertension,
& chronic nephritis
Due to arterio sclerosis.
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION

PHYSICIAN

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 Donald J. Nelson M.D.
Address 5095th Ave Safford, Ariz Date signed 4/30/41