4258

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 114
Registrar's No. 28

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location Morris & Squibb 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 50 yrs.

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Safford Pima (If outside city limits also write RURAL)

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

3. (a) FULL NAME Isaac T. Gulfelt (b) If veteran name war No (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: Lydia Zufelt
6. (c) Age of husband or wife, if alive: 58 yrs.
7. Birthdate of deceased: Nov. (Month) 15 (Day) 1878 (Year)
8. AGE: Years 62 | Months 7 | Days — | If less than one day hrs. min.
9. Birthplace: Elmwood Utah (City, town or county) (State or Country)
10. Usual Occupation: Cement Contractor
11. Industry or Business:

Father
12. Name: David Gulfelt
13. Birthplace: Unknown (City, town or county) (State or Country)

Mother
14. Maiden Name: Unknown
15. Birthplace: (City, town or county) (State or Country)

16. (a) Informant's own signature: W. T. Gulfelt
(b) Address: Miami Ariz.

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Pima Ariz. (c) Date: June 27, 1941

18. (a) Embalmer's Signature:
(b) Funeral Director: W. C. Rawson
(c) Address: Safford, Ariz.

19. (a) July 9th, 1941 (Date received local Registrar)
(b) J. U. Stratton (Registrar's Signature) by O. N. Lopez

20M 100% Rag 3/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 27, 1941;
TIME (Hour and minute) 3-10 P.M.

21. I hereby certify that I attended the deceased from June 23, 1941 to June 27, 1941; that I last saw him alive on June 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Asthma

Due to: Pyorrhea

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

DURATION

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: E. H. Langdon M.D.
Address: Safford Date signed: 6/28/41