2355

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

111

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. ____
Registrar's No. 71

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location ____ (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ____; In Community 56 (Specify whether years, months or days); In Arizona 56

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

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

3. (a) FULL NAME Joseph W. Greenhalgh (b) If veteran name war No. (c) Social Security No. 526-01-8709 (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 Lonny J. Greenhalgh | 6. (c) Age of husband or wife, if alive 62 yrs.

7. Birthdate of deceased Sept. (Month) 23 (Day) 1875 (Year)

8. AGE: Years 65 | Months 10 | Days 27 | If less than one day hrs. ____ min. ____

9. Birthplace Santa Quiva Utah (City, town or county) (State or Country)

10. Usual Occupation Insurance

11. Industry or Business Insurance

Father
12. Name Joseph W. Greenhalgh SR.
13. Birthplace Unknown (City, town or county) (State or Country)

Mother
14. Maiden Name Lurela McBride
15. Birthplace Salt Lake City Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Grant Greenhalgh
(b) Address Safford Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Safford (c) Date Aug. 23 1941

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

19. (a) Sept 9th, 1941 (Date received local Registrar)
(b) J. U. Stratton M.D. (Registrar's Signature) By O. H. Lopez

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 20, 1941;
TIME (Hour and minute) 6-30 A. M.

21. I hereby certify that I attended the deceased from June 26, 1938 to Aug 20, 1941; that I last saw him alive on Aug 18th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Transverse Colon

Due to ____

Due to ____

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

Major findings: Of operations Adenocarcinoma of Transverse Colon.
Of autopsy none.

DURATION
unknown

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 Lyle A. Condell M. D.
Address Safford Date signed 8-29-41