

9030

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

313

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 116

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

(d) Length of Stay: In Hospital or Institution none; In Community none; In Arizona 60 yrs
(Specify whether years, months or days)

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

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

3. (a) FULL NAME Sarah Roundy Berry (b) If veteran name war (c) Social Security No. 100-100000
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced married
(b) Name of husband or wife Jas. Thos. Berry 6. (c) Age of husband or wife, if alive 80 yrs.

7. Birthdate of deceased Sept. 17th 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 3 If less than one day hrs. min.

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

10. Usual Occupation Housewife

11. Industry or Business _____

Father { 12. Name Loreaga Roundy
13. Birthplace Do not know
(City, town or county) (State or Country)

Mother { 14. Maiden Name Micilla Parrish
15. Birthplace Canada
(City, town or county) (State or Country)

16. (a) Informant's own signature N.B. Berry (son)
(b) Address Holbrook, Ariz.

17. (a) Burial, Cremation or Removal buried
(b) Place St Johns (c) Date 9/22 1941

18. (a) Embalmer's Signature _____
(b) Funeral Director family
(c) Address _____

19. (a) _____ (Date received local Registrar) 9-21-41
(b) Rosemary Wilson (Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Sept 27th 1941 to Sept 17th 1941;
that I last saw her alive on Sept 17th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none

Of autopsy none

DURATION

7-7-40

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? (c) Means of injury fall

23. Signature H.T. Wilson M.D.
Address Holbrook, Ariz. Date signed 9-21-41