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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 112
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Graham (b) City or Town Pima (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) 12 yrs. In Arizona 22 yrs.
(d) Length of Stay: In Hospital or Institution ; In Community (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz ; (b) County Graham (c) City or Town Pima (If outside city limits also write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.
3. (a) FULL NAME Allen E. Powell (b) If veteran name war (c) Social Security No. 526-12-9064 (If NONE write the word)

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

6. (b) Name of husband or wife Julia Powell 6. (c) Age of husband or wife, if alive 46 yrs.

7. Birthdate of deceased Sept (Month) 26 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
45	2	29	hrs. min.

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

10. Usual Occupation Barber

11. Industry or Business

Father
12. Name John Powell
13. Birthplace (City, town or county) Ga. ~~Tenn~~ (State or Country)

Mother
14. Maiden Name Eliza McBride
15. Birthplace (City, town or county) Ind. (State or Country)

16. (a) Informant's own signature Julia Powell
(b) Address Pima Ariz.

17. (a) Burial, Cremation or Removal Burial.
(b) Place Pima (c) Date Dec 26 1941

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

19. (a) January 9, 1942 (Date received local Registrar)
(b) J. W. Shallow (Registrar's Signature) By O. H. Lopez

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 25, 1941;
TIME (Hour and minute) 2 a. M.

21. I hereby certify that I attended the deceased from Dec 25, 1941 to Dec 25, 1941;
that I ~~last~~ saw him ~~alive~~ dead on Dec 25, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death was dead on my arrival. Had never seen him before
Due to history of Hypertension and angina Pectoris
Due to Probable Coronary Thrombosis.
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 D. E. Nelson M.D. M. D.
Address Safford Ariz Date signed 12/31/41