

674

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

149

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 149  
Registrar's No. 117

1. Place of Death: (a) County Mohave (b) City or Town Safford (c) Location Morris Squibb Hospital  
(If outside city limits write RURAL) (St. & No. or Name of Institution)  
(d) Length of Stay: In Hospital or Institution 1 week; In Community 56 yrs; In Arizona 58 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town Stard  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born: In U. S. \_\_\_\_\_ yrs.  
3. (a) FULL NAME David R. Smithson (b) If veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Sept 19 1863  
(Month) (Day) (Year)  
8. AGE: Years 78 Months 3 Days 10 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Washington County, Utah  
(City, town or county) (State or Country)  
10. Usual Occupation Farmer  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Allen Freeman Smithson  
13. Birthplace South Carolina  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Leannette B. Taylor  
15. Birthplace South Carolina  
(City, town or county) (State or Country)  
16. (a) Informant's own signature D. R. Smithson  
(b) Address Safford, Ariz  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Safford (c) Date Dec 30 1941  
18. (a) Embalmer's Signature Fauson  
(b) Funeral Director \_\_\_\_\_  
(c) Address Safford Ariz  
19. (a) January 9 1942 (Date received local Registrar)  
(b) J. M. Shalson (Registrar's Signature) 17 O. N. Lopez

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Dec. 29, 1941;  
TIME (Hour and minute) \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Dec. 27  
\_\_\_\_\_, 1941 to Dec. 27, 1941;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death acute  
coronary decompensation  
Due to senility  
Due to Chronic myocarditis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_  
23. Signature F. W. Baule M. D.  
Address Safford Ariz Date signed 12-30-41