

4170

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 12
Registrar's No. 33

1. Place of Death: (a) County Apache (b) City or Town St. Johns (c) Location Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 10 yrs; In Arizona 48 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 El Franklin Cherry (b) If veteran name war no (c) Social Security No. 527-08-6424
(If NONE write the word)

4. Sex male 5. Color or Race Cauc 6. (a) Single, married, widowed or divorced _____
6. (b) Name of husband Nell Harris Cherry 6. (c) Age of husband or wife, if alive 50 yrs.
7. Birthdate of deceased July 11 1890
(Month) (Day) (Year)
8. AGE: Years 51 Months 6 Days 8 If less than one day hrs. _____ min. _____
9. Birthplace Cannonville Utah
(City, town or county) (State or Country)
10. Usual Occupation Trucker
11. Industry or Business own Truck
12. Name Eberian Griffin Cherry
13. Birthplace Investments Utah
(City, town or county) (State or Country)
14. Maiden Name Sarah Ellen Mangum
15. Birthplace St. George Utah
(City, town or county) (State or Country)
16. (a) Informant's own signature Nell Cherry
(b) Address St. Johns, Arizona
17. (a) Burial, Cremation or Removal Buried
(b) Place St. Johns (c) Date Jan 21 1942
18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____
19. (a) 6/3/42 (Date received) local Registrar
(b) Louise Gibbons (Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 19 1942
TIME (Hour and minute) 5:00 pm M.
21. I hereby certify that I attended the deceased from JAN 15
1942 to JAN 17 1942
that I last saw him alive on JAN 17 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral apoplexy.
Due to Essential Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
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 _____
23. Signature Wesley S. Dodson M. D.
Address St. Johns, Ariz. Date signed 6/2/42

DURATION
4 days
PHYSICIAN
Underline the cause to which death should be charged statistically.