942

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

337

State File No.
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Mohave (b) City or Town Short Creek (If outside city limits write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 26 days (Specify whether years, months or days); In Arizona 26 days

2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town Short Creek (If outside city limits write RURAL)

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

3. (a) FULL NAME Rulon Jay Spencer (b) If veteran name war. (c) Social Security No. none (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 | 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased ~~July~~ April 28, 1942 (Month) (Day) (Year)

8. AGE: Years | Months | Days 26 | If less than one day hrs. min.

9. Birthplace Short Creek Arizona (City, town or county) (State or Country)

10. Usual Occupation

11. Industry or Business

Father
12. Name Carl Spencer
13. Birthplace Salt Lake City Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Silva Allred
15. Birthplace Mesa, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Silva Spencer
(b) Address Short Creek Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Short Creek (c) Date May 25 1942

18. (a) Embalmer's Signature
(b) Funeral Director no funeral held
(c) Address

19. (a) May 29, 1942 (Date received local Registrar)
(b) Mrs. Ruth Black (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 24, 1942;
TIME (Hour and minute) 11:45 P. M. M.

21. I hereby certify that I attended the deceased from , 19 to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Pneumonia

Due to

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 Mrs. Ruth Black, Registrar
Address Date signed May 29