

1186

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 18
Registrar's No. _____

1. Place of Death: (a) County Apache (b) City or Town Eagar (c) Location _____
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution _____; In Community 17 yrs; In Arizona 63 yrs
(Specify whether years, months or days)

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

(d) Street No. _____

3. (a) FULL NAME Oscar Jepson (b) If veteran name war no (c) Social Security No. none
(If NONE write the word)

4. Sex male 5. Color or Race white (a) Single, married, widowed or divorced _____

6. (b) Name of husband or wife Martha Emily Jepson 6. (c) Age of husband or wife, if alive 58 yrs.

7. Birthdate of deceased Mar. 10 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 16 If less than one day hrs. _____ min. _____

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

10. Usual Occupation Rancher

11. Industry or Business Cattle & Farming

Father { 12. Name Marten Olsen Jepson
13. Birthplace Sweden
(City, town or county) (State or Country)

Mother { 14. Maiden Name Annie Thasson
15. Birthplace Sweden
(City, town or county) (State or Country)

16. (a) Informant's own signature Martha Emily Jepson
(b) Address Eagar, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Eagar (c) Date June 27 1942

18. (a) Embalmer's Signature _____
(b) Funeral Director C.F. Pascoe
(c) Address Springerville, Ariz.

19. (a) July 1st 1942
(Date received local Registrar)
(b) Mrs. H. H. Heaster
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 26 1942
TIME (Hour and minute) 2:20 P.M.

21. I hereby certify that I attended the deceased from June 23
1942 to June 26 1942;
that I last saw h. in June 25 alive on June 25 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage

Due to Gastric ulcers (stomach) **DURATION** 15 yrs

Due to _____

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)
While at work? _____ (e) Means of injury _____

23. Signature James C. Chapman M.D.
Address Springerville, Ariz. Date signed July 1, 1942