

2050

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

321
State File No.

1. Place of Death: (a) County Navajo (b) City or Town Snowflake (c) Location Houghton Home
(If outside city limits also write RURAL) (St. No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ✓; In Community 29 years 7 mo in Arizona 58 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Snowflake
(If outside city limits also write RURAL)
(d) Street No. ✓; (e) Citizen of foreign country (yes or No) no
If Yes, which country _____ (If NONE write the word) _____
3. (a) FULL NAME Rebecca Robinson Houghton (b) If Veteran ✓ Social Security No. 758

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

6. (b) Name of husband Reuben B. Houghton 6. (c) Age of husband 78 yrs.
or wife, if alive _____

7. Birthdate of deceased March 11 1874
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 2 If less than one day
hrs. ✓ min. ✓

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

10. Usual Occupation Housewife

11. Industry or Business _____

Father } 12. Name Joseph Smith Durfee
13. Birthplace Red Creek Ill.
(City, town or county) (State or Country)

Mother } 14. Maiden Name Ruth N. Robinson
15. Birthplace Red Creek Ill.
(City, town or county) (State or Country)

16. (a) Informant's own signature Reuben Houghton
(b) Address Snowflake Arizona

17. (a) Burial, Cremation or Removal Snowflake
(b) Place Snowflake (c) Date July 13 1942

18. (a) Embalmer's Signature H. A. Hendrickson
(b) Funeral Director H. A. Hendrickson
(c) Address Snowflake

19. (a) July 9 1942 (Date received local Registrar)
(b) Blanche Flake (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 6 1942
TIME (Hour and minute) 2 a. M.

21. I hereby certify that I attended the deceased from June 2, 1942 to July 1, 1942;
that I last saw her alive on July 1, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cor-
gestive Heart Failure

DURATION
2 mo.

Due to _____
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? _____ (c) Means of injury _____
23. Signature J. N. Raymond M. D.
Address Snowflake Date signed July 9 1942