2324

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 34
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Benson-Rural (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 13 yrs. (Specify whether years, months or days) ; in Arizona 14 yrs
2. Usual Residence of Deceased: (a) State Ariz ; (b) County Cochise ; (c) City or Town Benson-Rural (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 Hazel Ellen Sabin (b) If Veteran name war Social Security No.

4. Sex: Female
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 March 20, 1928 (Month) (Day) (Year)
8. AGE: Years 14 | Months 4 | Days 14 | If less than one day hrs. min.
9. Birthplace Bisbee, Ariz (City, town or county) (State or Country)
10. Usual Occupation
11. Industry or Business
Father 12. Name John H. Sabin
Father 13. Birthplace Salem, Utah (City, town or county) (State or Country)
Mother 14. Maiden Name May Kelly
Mother 15. Birthplace Kentucky (City, town or county) (State or Country)
16. (a) Informant's own signature John H. Sabin
(b) Address Benson, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Tucson (c) Date Aug 4 1942
18. (a) Embalmer's Signature
(b) Funeral Director Parker Mortuary
(c) Address Tucson, Ariz.
19. (a) Aug. 5, 1942 (Date received by local Registrar)
(b) Dora F. Reeves (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 4, 1942
TIME (Hour and minute) 3:30 P. M.
21. I hereby certify that I attended the deceased from Called after death
, 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 Electric shock
Due to Lightning
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) accident
(b) Date of occurrence August 4 1942
(c) Where did injury occur? Pomerene (City or Town) Cochise (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Rural) — Side of highway (Specify type of place)
While at work? NO (e) Means of injury Struck by lightning
23. Signature G. M. Sherman M. D.
Address Benson Ariz. Date signed Aug 5 1942