

2425

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

131

State File No. \_\_\_\_\_  
 Registrar's No. 45  
 (St. & No. (or) Name of Institution)

1. Place of Death: (a) County Greenlee (b) City or Town Moenie (c) Location Phelp Redg Hosp  
 (If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution 2 days; In Community 2 days  
 (Specify whether years, months or days)

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

(d) Street No. \_\_\_\_\_

3. (a) FULL NAME Jane Leon Bigler (b) If veteran \_\_\_\_\_ (c) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
 name war. \_\_\_\_\_ (d) Social Security No. \_\_\_\_\_ (If NONE write the word)

4. Sex male Color or Race white 6. (a) Single, married, widowed or divorced baby  
 (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased August 25 1942  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 2 If less than one day  
 hrs 20 min.

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

10. Usual Occupation Infant

11. Industry or Business \_\_\_\_\_

12. Name Caene Edmer Bigler  
 13. Birthplace Central Arizona  
 (City, town or county) (State or Country)

14. Maiden Name Ruby Mae Baker  
 15. Birthplace Klen Rock Wyoming  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Jane Bigler  
 (b) Address Clefton Arizona

17. (a) Burial, Cremation or Removal Removal  
 (b) Place Central Ariz (c) Date 8/28 1942

18. (a) Embalmer's Signature \_\_\_\_\_  
 (b) Funeral Director Family  
 (c) Address Clefton Ariz

19. (a) 8/28/42  
 (Date received local Registrar)  
 (b) Lid Sanchez  
 (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) August 27 1942  
 TIME (Hour and minute) 9:55 pm M.

21. I hereby certify that I attended the deceased from Aug 25  
 1942 to Aug 27 1942  
 that I last saw him alive on Aug 26 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Birth injury

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: None  
 Of operations \_\_\_\_\_

Of autopsy None

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 D. C. H. Langhorne M. D.  
 Address Moenie Date signed Aug 28, 1942