

2295

104 v

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 3
Registrar's No. 3

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 63 yrs; In Arizona 63 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town _____
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Allen Turner West (b) If veteran No (c) Social Security No. No
(If NONE write the word)

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband Mr. Elizabeth 6. (c) Age of husband _____ yrs.
or wife _____ or wife, if alive _____ yrs.
7. Birthdate of deceased Feb. 23, 1861
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
81 10 20 hrs. min.

9. Birthplace Clay County, N. Carolina
(City, town or county) (State or Country)
10. Usual Occupation Cattlemen
11. Industry or Business feef
Father { 12. Name Thomas Cummings West
13. Birthplace Burroughs, N. Carolina
(City, town or county) (State or Country)
Mother { 14. Maiden Name Sarah Elizabeth Coffey
15. Birthplace Lurea, New Mexico
(City, town or county) (State or Country)
16. (a) Informant's own signature Henry West
(b) Address Thatcher Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Graham (c) Date Jan 23, 1943
18. (a) Embalmer's Signature _____
(b) Funeral Director W. C. Rowson
(c) Address Safford, Ariz
19. (a) January 10, 1943
(Date received local Registrar)
(b) J. M. Stratton M.D.
(Registrar's Signature) 12101 Lopez Safford

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 20, 1943
TIME (Hour and minute) 8:30 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1943 to Jan 20, 1943
that I last saw him alive on Jan 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to arteriosclerosis
Due to senility
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 J. M. Stratton M. D.
Address Safford Date signed 1-21-43