

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 88
Registrar's No. 13

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

4. Sex Male 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 Jan 31 - 1943 Feb 11 1943
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day hrs. _____ min. _____
9. Birthplace Safford, Ariz.
(City, town or county) (State or Country)
10. Usual Occupation None
11. Industry or Business _____
Father { 12. Name Harold Hester John
13. Birthplace Safford, Ariz.
(City, town or county) (State or Country)
Mother { 14. Maiden Name Ula Talley
15. Birthplace Safford, Ariz.
(City, town or county) (State or Country)
16. (a) Informant's own signature Hughetta Talley
(b) Address Safford, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Safford (c) Date Feb 2 1943
18. (a) Embalmer's Signature _____
(b) Funeral Director H. E. Ramsey
(c) Address Safford, Ariz.
19. (a) March 9, 1943
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 1 1943
TIME (Hour and minute) _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him alive on Feb 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature
Due to 6 mos in utero
Due to _____
Other conditions (Includes 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? _____ (a) Means of injury _____
23. Signature [Signature] M.D. _____
Address Safford Date signed 3/1/43