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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 137
Registrar's No. 61

1. Place of Death: (a) County GRAHAM (b) City or Town THATCHER (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 43 yrs ; In Arizona 43 yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ARIZONA ; (b) County GRAHAM ; (c) City or Town THATCHER (If outside city limits also write RURAL)

(d) Street No. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME JURSHA ABBIGAL ALLEN (b) If veteran name war (c) Social Security No. (If NONE write the word)

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

6. (b) Name of husband ~~or wife~~ JOHN A. ALLEN — 6. (c) Age of husband or wife, if alive DECEASED yrs.

7. Birthdate of deceased MAY (Month) 28 (Day) 1873 (Year)

8. AGE: Years 70 Months 2 Days 3 If less than one day hrs. min.

9. Birthplace BURVILLE, (City, town or county) UTAH (State or Country)

10. Usual Occupation HOUSEWIFE

11. Industry or Business

Father
12. Name JOSEPH WARREN HANCOCK
13. Birthplace (City, town or county) MISSOURI (State or Country)

Mother
14. Maiden Name JURSHA SEABURY
15. Birthplace (City, town or county) MISSOURI (State or Country)

16. (a) Informant's own signature Thatcher Ariz
(b) Address Lester Mecham

17. (a) Burial, ~~Cremation or Removal~~ Burial
(b) Place THATCHER (c) Date 8-2 1943

18. (a) Embalmer's Signature
(b) Funeral Director N. C. Rawson
(c) Address Safford Ariz

19. (a) August 10, 1943 (Date received local Registrar)
(b) J. N. Stratton (Registrar's Signature) B. O. H. Prog

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 31, 1943;
TIME (Hour and minute) 8 P. M.

21. I hereby certify that I attended the deceased from July 30, 1943 to July 31, 1943; that I last saw her alive on July 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Decompensation Arteriosclerosis

Due to Causes Incident to Old Age

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)
(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 Dr. Hannah M. Elsworth M. D.
Address Safford Date signed 8-3-43