9412

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 113
Registrar's No. 70

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location Morris Squibb (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 days; In Community 44 yrs. (Specify whether years, months or days); In Arizona 44
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Pima (If outside city limits also write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yes yrs.
3. (a) FULL NAME Louisa Ellen Pulsipher (b) If veteran name war ; (c) Social Security No. None (If NONE write the word)

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

6. (b) Name of husband or wife Jacob Pulsipher 6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased Jan. (Month) 25 (Day) 1881 (Year)
8. AGE: Years 62 Months 7 Days 26 If less than one day hrs. min.
9. Birthplace Fairview (City, town or county) Utah (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home.

Father
12. Name Aaron E Cheney.
13. Birthplace (City, town or county) Utah (State or Country)

Mother
14. Maiden Name Sarah Jane Sandera.
15. Birthplace (City, town or county) Utah. (State or Country)

16. (a) Informant's own signature x Carl A Pulsipher
(b) Address Pima Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date Sept 24 1943
18. (a) Embalmer's Signature
(b) Funeral Director W. C. Rawson
(c) Address Safford. Ariz
19. (a) Oct 10 1943. (Date received local Registrar)
(b) J. W. Stratton M.D. (Registrar's Signature) By O. H. Lopez

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 22, 1943;
TIME (Hour and minute) 2-30 A. M.
21. I hereby certify that I attended the deceased from Sept 17, 1943 to Sept 22, 1943; that I last saw her alive on Sept 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis

Due to Ruptured appendix

Due to

Other conditions Asthma, Hypertension (Include pregnancy within 3 months of death)

Major findings: Of operations Pyelonephritis gangrenous ruptured

Of autopsy appendix

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 [signature] M.D.
Address Safford Ariz Date signed 9/23/43