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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 109
Registrar's No. 35

1. Place of Death: (a) County Graham (b) City or Town Safford, (If outside city limits also write RURAL) (c) Location Morris & Squibb Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 Minutes 6 HRS.; In Community ---- 6 HRS.; in Arizona --- 6 HRS. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Safford, (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (yes or No) If Yes, which country
3. (a) FULL NAME David Paul Whitmer (b) If Veteran name war (c) Social Security No.

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife, if alive ... yrs.

7. Birthdate of deceased May (Month) 22nd, (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day hrs. 6 min. 5

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

10. Usual Occupation None

11. Industry or Business None

Father
12. Name James Benjamin Whitmer
13. Birthplace Central, Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Ruth Avilda Cheney
15. Birthplace Safford, Arizona. (City, town or county) (State or Country)

16. (a) Informant's own signature J B Whitmer
(b) Address Central, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Eden, (c) Date 5/22/1944

18. (a) Embalmer's Signature
(b) Funeral Director (Father) J B Whitmer
(c) Address Eden, Arizona

19. (a) June 9, 1944 (Date received local Registrar)
(b) [illegible] Stratton M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 22nd, 1944;
TIME (Hour and minute) M.

21. I hereby certify that I attended the deceased from May 22, 1944 to May 22, 1944; that I last saw him alive on May 22, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Infant 6½ months - Lived 16 Hours!

Due to

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 [illegible] M. D.
Address [illegible] Date signed 6/9/44

28M 100% Rag 8-42 R. Co.

County File No. Date Received