1376

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 108
Registrar's No. 38.

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location Morris Squibb Hospl (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 18 Hrs.; In Community 18 hrs.; In Arizona 8 mo 11 days (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Eden (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 Delmar Hancock (b) If Veteran name war — (c) Social Security No. —

4. Sex Male | 5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ 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 Oct (Month) 14 (Day) 1943 (Year)

8. AGE: Years | Months 8 | Days 11 | If less than one day hrs. ... min.

9. Birthplace Thatcher (City, town or county) Ariz (State or Country)

10. Usual Occupation None

11. Industry or Business

Father: 12. Name Jimmie H. Hancock
13. Birthplace Saracene (City, town or county) Ka. (State or Country)

Mother: 14. Maiden Name Flora Bell Ballard
15. Birthplace Globe (City, town or county) Ariz. (State or Country)

16. (a) Informant's own signature J. R. Thatcher
(b) Address Eden Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Eden Ariz (c) Date June 27 1944

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

19. (a) July 10, 1944 (Date received Local Registrar)
(b) J. H. Shatton M.D. (Registrar's Signature) By O. H. Lopez

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 25, 1944;
TIME (Hour and minute) 3-30 A. M.

21. I hereby certify that I attended the deceased from June 24, 1944 to June 25, 1944 that I last saw him alive on June 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Pneumonia - Broncho

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 D. E. Nelson M. D.
Address Safford Ariz Date signed 6/27/44