1938

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 103
Registrar's No. 40

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

(d) Length of Stay: In Hospital or Institution 1 day; In Community 17 yrs.; In Arizona 48 yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (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 Alvin Francis Goodman (b) If Veteran name war 12 (c) Social Security No.

4. Sex Male | 5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ White | 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Maud Goodman | 6. (c) Age of husband or wife, if alive 44 yrs.

7. Birthdate of deceased May (Month) 29 (Day) 1896 (Year)

8. AGE: Years 48 | Months 1 | Days 20 | If less than one day hrs. min.

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

10. Usual Occupation Co. Assessor

11. Industry or Business

Father: 12. Name Francis N. Goodman
13. Birthplace Minersville Utah (City, town or county) (State or Country)

Mother: 14. Maiden Name Florence Curtis
15. Birthplace Salem Utah (City, town or county) (State or Country)

16. (a) Informant's own signature x Karl N. Goodman
(b) Address 670 E 17 So Salt Lake City

17. (a) Burial, Cremation or Removal Burial
(b) Place Safford Ariz (c) Date July 23 1944

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

19. (a) August 9th, 1944 (Date received Local Registrar)
(b) J. M. Shallow M.D. (Registrar's Signature) By O. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 19, 1944;
TIME (Hour and minute) 5:30 A. M.

21. I hereby certify that I attended the deceased from July 10, 1944, 19 to July 19, 1944; that I last saw him alive on July 19, 1944, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to acute appendicitis

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 F. W. Butler M. D.
Address Safford Ariz Date signed 7-24-44

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