

1944

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 108-a

Registrar's No. _____

1. Place of Death: (a) County Greenlee (b) City or Town Duncan (c) Location Rural
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 3 years; in Arizona 3 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Greenlee (c) City or Town Duncan
(If outside city limits also write RURAL)

(d) Street No. _____ (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Barbara Ann Smet (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or Race 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 March 14 1941
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days 13
If less than one day hrs. _____ min. _____

9. Birthplace Virdeon Near Mex
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

12. Name Waldon J. Smet
Father (City, town or county) (State or Country)

13. Birthplace Duncan Ariz.
(City, town or county) (State or Country)

14. Maiden Name Clessa Hoefler
Mother (City, town or county) (State or Country)

15. Birthplace Colonia Dublin Mex
(City, town or county) (State or Country)

16. (a) Informant's own signature Waldon J. Smet
(b) Address Duncan, Arizona

17. (a) Burial, ~~Cremation~~ or Removal _____
(b) Place Duncan (c) Date 7/30 1944

18. (a) Embalmer's Signature _____
(b) Funeral Director Ernest Romney
(c) Address Duncan Ariz.

19. (a) June 19 - 1945
(Date received local Registrar)

(b) Eugene Romney
(Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 27 1944
TIME (Hour and minute) 10:30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw her alive on July 21, 1944

and that death occurred on the date and hour stated above.
Immediate cause of death Burning

Due to Accidental explosion of coil of refrigerator
Due to plank falling down of house

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence 7-27-44
(c) Where did injury occur? Duncan Greenlee Ariz
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place)

While at work? No (e) Means of injury _____

23. Signature A. J. Hoefler M. D.
Address Duncan Ariz Date signed 6-5-45

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically