

2511

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 96
Registrar's No. 47

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location Morris Squiff
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 days; In Community 26 yrs In Arizona 26
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Pima
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Arthur Fuller (b) If Veteran name was _____ (c) Social Security No. _____
4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Single
White Indian Negro Oriental White

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased unknown 1918
(Month) (Day) (Year)

8. AGE: Years 26 Months unknown Days min If less than one day _____ min.
9. Birthplace Pima Ariz
(City, town or county) (State or Country)

10. Usual Occupation Labourer
11. Industry or Business _____

12. Name Tom Fuller
13. Birthplace unknown
(City, town or county) (State or Country)

14. Maiden Name Mary Hubbard
15. Birthplace Pima Ariz
(City, town or county) (State or Country)

16. (a) Informant's own signature J. M. Hubbard (b) Address Safford Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima (c) Date Sept 1 1944

18. (a) Embalmer's Signature _____ (b) Funeral Director W. E. Ransom
(c) Address Safford Ariz

19. (a) Sept 9th 1944 (Date received from Registrar)
(b) J. M. Stratton M.D. (Registrar's Signature)

18 30M-100% Rag-5/21/43 121 O. H. Long

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 30 1944
TIME (Hour and minute) 9-30 P.M.
21. I hereby certify that I attended the deceased from Aug
19 1944 to Aug-30 1944
that I last saw him alive on 8/30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency 10 yrs
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 J. M. Stratton M. D.
Address Safford Date signed 9/2/44