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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 577
Registrar's No. 48

1. Place of Death: (a) County Graham (b) City or Town Thatcher. (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 16 Hours; In Arizona 16 Hours.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Thatcher
(If outside city limits also write RURAL)
(d) Street No. P. O. Box #315; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Thompson Baby (b) If veteran _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased August 30th, 1944
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day hrs 16 min _____
9. Birthplace Thatcher, Arizona.
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name Jerry Thompson
13. Birthplace Magdalena New Mexico.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Nonnie Beals
15. Birthplace Pima, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Jerry Thompson
(b) Address Pima, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima (c) Date 9/1/44 19__

18. (a) Embalmer's Signature _____
(b) Funeral Director Father Jerry Thompson
(c) Address Pima, Arizona

19. (a) Sept 9th, 1944
(b) J. N. Shotton M.D.
(Date received local Registrar) (Registrar's Signature)

20M 100% Reg 1/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 31, 1944;
TIME (Hour and minute) 11:00 A. M.

21. I hereby certify that I attended the deceased from August 30
1944 to August 31, 1944;
that I last saw him alive on Aug 31, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Preventable
Measles
7 days of fever
of illness

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) _____
(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. N. Shotton M. D.
Address Safford, Date signed 9/1/44

DURATION _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.