

599

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 91
Registrar's No. 56

1. Place of Death: (a) County Graham (b) City or Town Safford (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 6 yrs
(Specify whether years, months or days) ; In Arizona 67

2. Usual Residence of Deceased: (a) State Ariz (b) County Graham (c) City or Town Safford
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
(If yes, which country) _____

3. (a) FULL NAME Thomas H. East (b) If Veteran name war No (c) Social Security No. None

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

6. (b) Name of husband or wife Ada East 6. (c) Age of husband or wife, if alive 75 yrs.

7. Birthdate of deceased Nov 17 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 29 If less than one day
hrs. min.

9. Birthplace Salt Lake City Utah
(City, town or county) (State or Country)

10. Usual Occupation Painter

11. Industry or Business _____

12. Name Edward East
Father

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

14. Maiden Name Greer
Mother

15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Len Kelly
(b) Address Safford Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date Oct 18 1944

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 16 1944
TIME (Hour and minute) 6 P.M.

21. I hereby certify that I attended the deceased from Oct 14
1944 to Oct 16 1944
and that I last saw him alive on Oct 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Atherosclerosis
Due to _____
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 Spencer P. Rawson M.D.
Address Safford Date signed 10-20-44

DURATION
48 hrs.
10 years

PHYSICIAN
Underline the cause to which death should be charged statistically