

1045

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2

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

(d) Length of Stay: In Hospital or Institution none; In Community 60 yrs
(Specify whether years, months or days) ; In Arizona 60 yrs

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

(d) Street No. _____

3. (a) FULL NAME Fannie Aditha Wright (b) If Veteran name war. 162 (c) Social Security No. _____

4. Sex female 5. Race White Indian Negro Oriental

6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife John George Wright 6. (c) Age of husband or wife, if alive 60 yrs

7. Birthdate of deceased April 18 - 1854
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 15 If less than one day
hrs. _____ min. _____

9. Birthplace Alameda, California
(City, town or county) (State or Country)

10. Usual Occupation housewife

11. Industry or Business home

Father { 12. Name Isaac Harrison
13. Birthplace Columbus Co - Ohio
(City, town or county) (State or Country)

Mother { 14. Maiden Name Catherine Clark
15. Birthplace Shinnix - Scotland
(City, town or county) (State or Country)

16. (a) Informant's own signature Loretta Everson
(b) Address St. Johns, Ariz

17. (a) Burial, Cremation or Removal _____
(b) Place St. Johns (c) Date Nov 7 1944

18. (a) Embalmer's Signature none
(b) Funeral Director Bishop Carl Anderson
(c) Address St. Johns, Arizona

19. (a) Nov 16 - 1944
(Date received Local Registrar)
(b) Ethel Shreve
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 4 - 1944
TIME (Hour and minute) _____ 6 P.M.

21. I hereby certify that I attended the deceased from unattended
by physician to _____ 19____;
that I last saw h. _____ alive on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Senescence

Due to Unattend by physician

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 Ethel Shreve K.K.
Address St. Johns Ariz Date signed Nov 16/44
M.D.