

1758

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 102
Registrar's No. 62

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Graham (b) City or Town Central (c) Location (St. & No. (or) Name of Institution) _____
(d) Length of Stay: In Hospital or Institution _____; In Community 38 yrs; In Arizona 38 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Central
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____
3. (a) FULL NAME George C. Lind (b) If Veteran name war No (c) Social Security No. No.

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Single
6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased April 4 1863
(Month) (Day) (Year)
8. AGE: Years 81 Months 7 Days 14 hrs. min. _____
9. Birthplace Denmark
(City, town or county) (State or Country)
10. Usual Occupation Bee keeper
11. Industry or Business for sale
12. Name Christa Carter
13. Birthplace Denmark
(City, town or county) (State or Country)
14. Maiden Name Mary Kerlon
15. Birthplace Denmark
(City, town or county) (State or Country)

16. (a) Informant's own signature Marian Adams
(b) Address Central Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Central Ariz (c) Date Dec 8 1944
18. (a) Embalmer's Signature _____
(b) Funeral Director M. C. Rawson
(c) Address Safford
19. (a) January 9th, 1944 (Date) (b) John Stratton M.D. (Registrar's Signature)
(c) 1210 N. 1st St (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 1 1944
TIME (Hour and minute) 8 P. M.
21. I hereby certify that I attended the deceased from Oct 10 1944 to Dec 1 1944
that I last saw him alive on Oct 10 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Nephritis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION 1 yr
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 W. W. Langdon M. D. Date signed 12/6/44
Address Safford Ariz.