

600

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 81

Registrar's No. 8

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

(d) Length of Stay: In Hospital or Institution None; In Community 44; in Arizona 44
(Specify whether years, months or days)

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

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

3. (a) FULL NAME Rose Ella Randall (b) If Veteran name was No (c) Social Security No. No

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased August 26, 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 16 If less than one day hrs 2 min _____

9. Birthplace Poss Co Ohio
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

Father } 12. Name Mathew Redding
13. Birthplace unknown
(City, town or county) (State or Country)

Mother } 14. Maiden Name Louisa Gault
15. Birthplace unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Julia V. Randall
(b) Address Pavson, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Pavson (c) Date March 17, 1945

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address [Address]

19. (a) March 17, 1945
(Date received local Registrar)

(b) Tom O. Haley
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 16, 1945;
TIME (Hour and minute) 2:4 M.

21. I hereby certify that I attended the deceased from _____, 19____ 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 old age

Due to _____
Due to no doctor in attendance

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 Tom O. Haley L. R. [Signature]
Address Pavson, Ariz. Date signed 3/17/45

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically