

1833

568

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 7776

1. Place of Death: (a) County Yuma (b) City or Town Somerton (c) Location Somerton
(If outside city limits also write RURAL) (St. & No. (or Home Institution) _____)
(d) Length of Stay: In Hospital or Institution none In Community 16 yrs In Arizona _____
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz (b) County Yuma (c) City or Town Somerton
(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 Sarah Jane Buckelew (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Race White Indian Negro Oriental

6. (a) Single, married, widowed or divorced widowed
(b) Name of husband or wife, if alive John C. Buckelew

7. Birthdate of deceased Sept 7 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 23
If less than one day hrs. min.

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

10. Usual Occupation Wife

11. Industry or Business Home

12. Name A. N. Haley

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

14. Maiden name Sarah Callie

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

16. (a) Informant's own signature J. Buckelew
(b) Address Yuma Ariz

17. (a) Burial, Cremation or Removal Buried
(b) Place Yuma Arizona (c) Date 11/2/45

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma Arizona

19. (a) May 5 1945
(Date received Local Registrar's Certificate)
(b) Mary A. Wupperman
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 30 1945

TIME (Hour and minute) 10:50 P.M.

21. I hereby certify that I attended the deceased from Jan. 10 1945 to April 30 1945

that I last saw him SA alive on April 30 1945

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

Immediate cause of death Cerebral hemorrhages, multiple

Due to _____

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 Philip H. Parks Date signed 5/2/45
Address Somerton Arizona

DURATION

12 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically