

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 90  
Registrar's No. 41

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

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 3 yrs; In Arizona 62  
(Specify whether years, months or days)

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

(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Ann Wesley Follett (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Jane Follett 6. (c) Age of husband or wife, if alive 64 yrs.

7. Birthdate of deceased Nov 15 1882  
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 29 If less than one day hrs. min.

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

10. Usual Occupation Rancher Cattle

11. Industry or Business \_\_\_\_\_

Father { 12. Name Tom Follett  
13. Birthplace Primo Utah  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Sarah Hanson  
15. Birthplace Primo Utah  
(City, town or county) (State or Country)

16. (a) Informant's own signature [Signature]  
(b) Address Bonita Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Primo Ariz (c) Date 7/17 1945

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director W. E. Rawson  
(c) Address Safford Ariz

19. (a) August 8, 1945  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 14 1945  
TIME (Hour and minute) 10 A.M.

21. I hereby certify that I attended the deceased from June 1, 1945 to July 14 1945  
that I last saw him alive on July 14 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Bronchial Asthma

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION 6 Months  
10 years

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 [Signature]  
Address \_\_\_\_\_ Date signed 7/16/45