1373

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

100

State File No. 59
Registrar's No.

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location Ellsworth Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 5 hrs + 35 min (Specify whether years, months or days); In Arizona 5 hrs + 35 min
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham (c) City or Town Glenbar Ariz (If outside city limits also write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.
3. (a) FULL NAME James Jay Boren (b) If veteran name war 16/ (c) Social Security No. — (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
M.	white	

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

7. Birthdate of deceased Sept. (Month) 24 (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day hrs. 5 min. 35

9. Birthplace Safford (Graham) Ariz (City, town or county) (State or Country)

10. Usual Occupation —

11. Industry or Business —

Father
12. Name Marion Joseph Boren
13. Birthplace Glenbar, Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Leola Velma Powell
15. Birthplace Miami, Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Marion J Boren
(b) Address Glenbar Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Glenbar, Ariz (c) Date Sept 25 1945

18. (a) Embalmer's Signature
(b) Funeral Director Father M J Boren
(c) Address Glenbar, Arizona

19. (a) Nov 9 - 45 (Date received local Registrar)
(b) J. N. Stratton M.D. (Registrar's Signature) M. O. Hoag

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 24, 1945;
TIME (Hour and minute) 10:35 P. M.

21. I hereby certify that I attended the deceased from Sept 24, 1945 to Sept 24, 1945 that I last saw him alive on Sept 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia vernatorum

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
5 hrs 35 min

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 James W. Ellsworth M.D.
Address Safford Date signed 10-30-45