1420

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 144
Registrar's No. 1478

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 381 N. 2nd Ave (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community About 3 Years (Specify whether years, months or days); In Arizona About 3 Years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. 381 N. 2nd Ave ; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Hugh Sawyer Saulton, Sr. (b) If Veteran name war (c) Social Security No.

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Barbara Saulton
6. (c) Age of husband or wife, if alive 48 yrs.
7. Birthdate of deceased March 12, 1893 (Month) (Day) (Year)
8. AGE: Years 52 Months 5 Days 23 If less than one day hrs. min.
9. Birthplace Charlestown, W. Va. (City, town or county) (State or Country)
10. Usual Occupation Welder
11. Industry or Business
Father 12. Name Not Known
13. Birthplace " " (City, town or county) (State or Country)
Mother 14. Maiden Name " "
15. Birthplace " " (City, town or county) (State or Country)
16. (a) Informant's own signature Ruby Ellery
(b) Address 3242 Cook St, Denver, Colo.
17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date Sept. 10 19 45
18. (a) Embalmer's Signature [signature]
(b) Funeral Director Arizona Funeral Home
(c) Address 376 N. 3rd Ave
19. (a) SEP 18 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 5, 1945
TIME (Hour and minute) About 4:00 A. M.
21. I hereby certify that I attended the deceased from 8-9-45 Sept 5, 19 to Sept 5, 1945
that I last saw him alive on Aug-21, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Hydrocarbon acetylene
Due to Anemia & [illegible] Debility
Due to
Other conditions NV (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy NV

DURATION

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] M. D.
Address [illegible] Date signed Sept 7. 45

40M—100% Rag—6-10-44