2489

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

88

State File No. _____
Registrar's No. _____

1. Place of Death: (a) County Greenlee (b) City or Town Duncan (If outside city limits also write RURAL) (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution — ; In Community 19 yr. 8 mo. 0 days in Arizona 19 years 8 mo (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Greenlee ; (c) City or Town Duncan (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 Elizabeth Jones (b) If Veteran name war none (c) Social Security No. none

4. Sex Female
5. Color or Race White
6. (a) ~~Single~~, married, ~~widowed or divorced~~
6. (b) Name of husband or wife William A. Jones
6. (c) Age of husband or wife, if alive 86 yrs.
7. Birthdate of deceased May 16, 1860 (Month) (Day) (Year)
8. AGE: Years 85 Months 7 Days 4 If less than one day hrs. — min.
9. Birthplace Mount Ida (City, town or county) Arkansas (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
Father 12. Name Allen Webb
13. Birthplace (City, town or county) Mississippi (State or Country)
Mother 14. Maiden Name Sarah Deaton
15. Birthplace (City, town or county) Alabama (State or Country)
16. (a) Informant's own signature W. A. Jones
(b) Address Duncan City
17. (a) Burial, ~~Cremation or Removal~~
(b) Place Duncan Ariz. (c) Date 11/21/1945
18. (a) Embalmer's Signature —
(b) Funeral Director — Family
(c) Address —
19. (a) 11-21-45 (Date received local Registrar)
(b) Eugene Romney (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 20, 1945;
TIME (Hour and minute) One P. M.
21. I hereby certify that I attended the deceased from 11-20-, 1945 to 11-20, 1945;
that I last saw her alive on Nov. 20, 1945;
and that death occurred on the date and hour stated above.
Immediate cause of death Senile debility
Due to
Due to
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

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 C. F. Neighbor M. D.
Address Duncan Ariz. Date signed 11/20/45

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____