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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Dr. B. L. Steward

State File No. 633

Registrar's No. 91

1. Place of Death: (a) County Pinal (b) City or Town Florence (c) Location Pinal Co. Hosp.
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 Day.; In Community 30 Yrs.; In Arizona 30
 (Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
 If Yes, which country _____ (c) Social Security No. None

3. (a) FULL NAME George Foreman Huffman (b) If Veteran name war ? (c) Social Security No. None

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

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

7. Birthdate of deceased May 1, 1875
 (Month) (Day) (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day
 hrs. _____ min. _____

9. Birthplace Polk County, Iowa
 (City, town or county) (State or Country)

10. Usual Occupation Physician

11. Industry or Business _____

Father { 12. Name No-Record
 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 Mrs. Ora Huffman
 (b) Address Florence, Ariz.

17. (a) Burial, ~~State~~ State
 (b) Place Florence, Ariz. Date Dec. 30, 1945

18. (a) Embalmer's Signature Allen H. Cole
 (b) Funeral Director Cole & Maud Mortuary
 (c) Address Florence, Ariz.

19. (a) Jan 12 1946
 (Date received Local Registrar)
 (b) D O Martin
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 25, 1945
 TIME (Hour and minute) 12:20 A. M.

21. I hereby certify that I attended the deceased from Dec 23, 45 to Dec 24, 45
 that I last saw him alive on Dec 24, 45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage
 Due to Gastric ulcer
 Due to _____

Other conditions Diabetic mellitus
 (Include pregnancy within three 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 B L Steward M. D.
 Address Caveledge Date signed 1/10/46

DURATION

4 years

10 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically