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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 2

1. Place of Death: (a) County Yuma (b) City or Town Claypool (If outside city limits also write RURAL) (c) Location 200 Warren Cañon. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 21 yrs.; In Arizona 21 yrs. (Specify whether years, months or days)

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

(d) Street No. 200 Warren Cañon; (e) Citizen of foreign country (Yes or No) No. If Yes, which country _____

3. (a) FULL NAME Sarah Ann McAllister (b) If Veteran name war _____ (c) Social Security No. none

4. Sex: Female (White) | 5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐ | 6. (a) Single, married, widowed or divorced: Widowed

6. (b) Name of husband or wife: Merritt L. McAllister | 6. (c) Age of husband or wife, if alive: deceased yrs.

7. Birthdate of deceased: May (Month) 9 (Day) 1849 (Year)

8. AGE: Years 96 | Months 1 | Days 28 | If less than one day: hrs. _____ min. _____

9. Birthplace: St. Joseph (City, town or county) Indiana (State or Country)

10. Usual Occupation: Domestic

11. Industry or Business: —

Father
12. Name: Jacob Rector
13. Birthplace: Tennessee (City, town or county) (State or Country)

Mother
14. Maiden Name: Frances Rector
15. Birthplace: Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature: Mrs. W. A. Byars
(b) Address: 548 E. St. Mesa Ariz.

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Rural Cem. (c) Date: Jan 10 1946

18. (a) Embalmer's Signature: J. Mey Martin Jr.
(b) Funeral Director: Mikels Mortuary
(c) Address: Miami Ariz.

19. (a) Jan 14 1946 (Date received Local Registrar)
(b) Hobson D Brayton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 7, 1946;
TIME (Hour and minute) 3:45 P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1946, to Jan 7, 1946, that I last saw her alive on Jan 5, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: (a) Lobar Pneumonia
(b) Cerebro sclerosis
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within three months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION: 2 days; 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: Hobson D Brayton M. D.
Address: Miami Ariz. Date signed: Jan 14 1946

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