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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 83
Registrar's No. 7.

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location Morris Squitt Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 day; In Community 11 day; In Arizona 11 days (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Safford (If outside city limits also write RURAL)
(d) Street No. 1124 8th ave.; (e) Citizen of foreign country (Yes or No) ____ If Yes, which country ____ (c) Social Security No. ____

3. (a) FULL NAME John Hall Welker (b) If Veteran name war ____

4. Sex M.
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife, if alive ____ yrs.
7. Birthdate of deceased Jan (Month) 11 (Day) 46 (Year)
8. AGE: Years | Months | Days 11 | If less than one day ____ hrs. ____ min. ____
9. Birthplace Safford Graham Arizona (City, town or county) (State or Country)
10. Usual Occupation ____
11. Industry or Business ____
Father: 12. Name Donald Welker
13. Birthplace Miami Ariz (City, town or county) (State or Country)
Mother: 14. Maiden Name Phylis Merrill
15. Birthplace Hayden Ariz (City, town or county) (State or Country)
16. (a) Informant's own signature X Donald Welker
(b) Address Safford Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Safford Ariz (c) Date Jan 23 1946
18. (a) Embalmer's Signature ____
(b) Funeral Director W. C. Rawson
(c) Address Safford
19. (a) February 9, 1946 (Date received Local Registrar)
(b) J. U. Stratton M.D. (Registrar's Signature) By O. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 22, 1946
TIME (Hour and minute) 6 a. M.
21. I hereby certify that I attended the deceased from Jan 11, 1946, 19__ to Jan 22, 1946
that I last saw him alive on Jan 21, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia
Due to Cerebral hemorrhage
Due to fresh injury
Other conditions (Include pregnancy within three 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 F. W. Buttler M. D.
Address Safford Ariz Date signed 1/23-46

40M—100% Rag—6-10-44