4555

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 107
Registrar's No. 11

1. Place of Death: (a) County Graham (b) City or Town Pima (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 18 yrs.; In Arizona 34 yrs (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Pima (If outside city limits also write RURAL)
(d) Street No.; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Wm Leon Chandler (b) If Veteran name war (c) Social Security No.

4. Sex M.
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Thelma Chandler
6. (c) Age of husband or wife, if alive 44 yrs.
7. Birthdate of deceased Aug (Month) 12 (Day) 1872 (Year)
8. AGE: Years 53 Months 6 Days 15 If less than one day hrs. min.
9. Birthplace Rock Spring Texas (City, town or county) (State or Country)
10. Usual Occupation Scrap Dealer
11. Industry or Business
Father 12. Name James Berry Chandler
13. Birthplace Cahoun C. La. (City, town or county) (State or Country)
Mother 14. Maiden Name Beaulah Brown
15. Birthplace Unknown Ark. (City, town or county) (State or Country)
16. (a) Informant's own signature x Jack J Chandler
(b) Address Pima Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date 3/3 1946
18. (a) Embalmer's Signature
(b) Funeral Director W. C. Rawson
(c) Address Safford Ariz
19. (a) March 9, 1946 (Date received Local Registrar)
(b) J N Stratton M.D. (Registrar's Signature) By O.H. Long

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 27, 1946
TIME (Hour and minute) 6-40 P.M.
21. I hereby certify that I attended the deceased from June 14, 1942 to Feb 27, 1946 that I last saw him alive on Feb 27, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Gastric Carcinoma with metastasis
Due to
Due to
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 [signature] M. D.
Address Safford Ariz Date signed 3/5/46

40M—100% Rag—6-10-44