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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **100**  
Registrar's No. **24**

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location Ellsworth Clinic  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 2 day; In Community 63 yrs; In Arizona 63 yrs  
(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. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
3. (a) FULL NAME Veroy O. Steel (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F.M. 5. Race White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced Widow 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Aug 15 - 1852  
(Month) (Day) (Year)  
8. AGE: Years 93 Months 8 Days 10 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day  
9. Birthplace Spokane, W. Va. (City, town or county) (State or Country)  
10. Usual Occupation Housewife  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Geo. J. Quinn  
13. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)  
Mother { 14. Maiden Name Unknown  
15. Birthplace \_\_\_\_\_ (City, town or county) (State or Country)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 25, 1946  
TIME (Hour and minute) 17:30 P.M.  
21. I hereby certify that I attended the deceased from July 25, 1944 to April 25, 1946  
that I last saw her alive on April 22, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic myocardial infarction  
hypertension  
pneumonia  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within three months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature W.M. Bozyp  
(b) Address Safford, Ariz  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Safford, Ariz (c) Date April 27, 1946  
18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director W.E. Bauer  
(c) Address Safford, Ariz  
19. (a) May 9, 1946 (Date received Local Registrar)  
(b) J.M. Stratton (Registrar's Signature)

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 Dr. S.W. Desautels Date signed 7/26/46  
Address \_\_\_\_\_