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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 97
Registrar's No. 43.

1. Place of Death: (a) County Graham (b) City or Town Central (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 (Specify whether years, months or days); In Arizona 1 yr 14 mo.

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Central (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 Vernon L. Smith (b) If Veteran name war (c) Social Security No.

4. Sex M.
5. Race White ☒ 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 April (Month) 8 (Day) 1945 (Year)
8. AGE: Years 1 Months 2 Days 16 If less than one day hrs. min.
9. Birthplace Safford (City, town or county) Ariz (State or Country)
10. Usual Occupation None
11. Industry or Business
Father 12. Name Eldon Smith
13. Birthplace Central, (City, town or county) Ariz. (State or Country)
Mother 14. Maiden Name Vera Cheney
15. Birthplace Safford (City, town or county) Ariz. (State or Country)
16. (a) Informant's own signature Ervin Cheney
(b) Address Central, Arizona
17. (a) Burial, Cremation or Removal Burial.
(b) Place Central Ariz. (c) Date 6/25 1946
18. (a) Embalmer's Signature
(b) Funeral Director W. C. Rawson
(c) Address Safford, Ariz.
19. (a) July 9th, 1946. (Date received Local Registrar)
(b) [signature] M.D. (Registrar's Signature) By O. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 24, 1946
TIME (Hour and minute) M.
21. I hereby certify that I attended the deceased from June 24, 1946 to —, 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.
Immediate cause of death accidental electrocution
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) accident
(b) Date of occurrence June 24 1946
(c) Where did injury occur? Home (City or Town) Graham (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. (Specify type of place)
While at work? — (e) Means of injury electrocution
23. Signature F. W. Luther M. D.
Address Safford Date signed 6/25/46

40M—100% Rag—6-10-44