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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. 148
Registrar's No. 1507

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Joseph's Hospital. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community 2days; In Arizona 32 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County ~~Grahm~~ Graham (c) City or Town Safford (rural) (If outside city limits also write RURAL)
(d) Street No. Rt 1 Box 112.; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
(c) Social Security No.

3. (a) FULL NAME Wilford Clyde Skinner (b) If Veteran name war 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 Chloe Skinner
6. (c) Age of husband or wife, if alive 34 yrs.
7. Birthdate of deceased Sept. 16, 1914 (Month) (Day) (Year)
8. AGE: Years 31 Months 11 Days 20 If less than one day hrs. min.
9. Birthplace Graham ~~Grahm~~, Arizona (City, town or county) U.S.A. (State or Country)
10. Usual Occupation Farmer
11. Industry or Business Safford, Arizona
Father 12. Name Francis M. Skinner
Father 13. Birthplace Graham ~~Grahm~~, Arizona (City, town or county) U.S.A. (State or Country)
Mother 14. Maiden Name Harriott Ann Bliby
Mother 15. Birthplace Provo, Utah (City, town or county) U.S.A. (State or Country)
16. (a) Informant's own signature Chloe Skinner
(b) Address Safford, Arizona Rt 1 Box 112
17. (a) Burial, Cremation or Removal Removal ~~Safford, Arizona~~
(b) Place Safford, Arizona (c) Date 9-8- 1946
18. (a) Embalmer's Signature Tyler Hays #269
(b) Funeral Director A. L. Moore & Sons
(c) Address 333 W. Adams, Phoenix, Arizona
19. (a) SEP 6 1946 (Date received Local Registrar)
(b) Lloyd J. Hughes M.D. (Registrar's Signature)

40M—100% Rag—6-45

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 6, 1946
TIME (Hour and minute) 4:32 A.M. M.
21. I hereby certify that I attended the deceased from Sept. 4th, 1946 to Sept. 6, 1946, that I last saw him alive on Sept. 6th, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Degeneration of frontal, temporal and parietal lobes on right side.
Due to
Due to
Other conditions Mediastinal hemorrhage (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy as above

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) not known
(b) Date of occurrence not known
(c) Where did injury occur? Safford (City or Town) Graham (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? not known (Specify type of place)
While at work? ? (e) Means of injury ?

23. Signature H. Gwillim M. D.
Address Fremont Clinic Date signed 9-6-46