

1946

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 121
Registrar's No. 2

1. Place of Death: (a) County Greenlee (b) City or Town Clifton (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 4 mo; In Arizona 71 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Greenlee; (c) City or Town York Ave
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME Sida Jane Roberts Day (b) If Veteran name war _____ (c) Social Security No. None

4. Sex FM 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife Ezekiel 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased June 19 - 1858
(Month) (Day) (Year)
8. AGE: Years 88 Months 6 Days 10 If less than one day hrs. _____ min. _____
9. Birthplace Monrovia Kans
(City, town or county) (State or Country)
10. Usual Occupation at home

11. Industry or Business _____
12. Name Joe Roberts
13. Birthplace MO
(City, town or county) (State or Country)
14. Maiden Name Sarah Mc Crady
15. Birthplace Dunk. Ind
(City, town or county) (State or Country)

16. (a) Informant's own signature M. D. W. P. H.
(b) Address Clifton, Ariz
17. (a) Burial, Cremation or Removal Removal
(b) Place Heldon Ave (c) Date 17/30 1946
18. (a) Embalmer's Signature J. M. Mendenhall
(b) Funeral Director WILLIEN FUNERAL HOME
(c) Address Clifton, Ariz

19. (a) 1-14-47
(Date received Local Registrar)
(b) M. D. W. P. H.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 29, 1946
TIME (Hour and minute) 1 a. m.
21. I hereby certify that I attended the deceased from _____, 19____ to Dec 29, 1946,
that I last saw her alive on Dec 29, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION 1 1/2 yrs.
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 C. S. Langhorne M. D.
Address Clifton, Ariz Date signed Dec 29/46