

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 30

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Apache (b) City or Town Springerville (c) Location Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ✓; In Community 42 years; In Arizona 42 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Apache; (c) City or Town Springerville
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____
3. (a) FULL NAME Unpstead Reucher Wilthauk (b) If Veteran name war unpstead (c) Social Security No. ✓

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased May 7, 1881
(Month) (Day) (Year)
8. AGE: Years 65 Months 8 Days 19 If less than one day hrs. min.
9. Birthplace St George, Utah
(City, town or county) (State or Country)
10. Usual Occupation Retired
11. Industry or Business Farmer
Father { 12. Name Spencer L. Wilthauk
13. Birthplace Halt Lake City, Utah
(City, town or county) (State or Country)
Mother { 14. Maiden Name Mary Ellen Reucher
15. Birthplace Cumtice, Ala
(City, town or county) (State or Country)

16. (a) Informant's own signature Rebecca Burgess
(b) Address Eagar, Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Eagar cemetery (c) Date 1-27-1947
18. (a) Embalmer's Signature No Embalming
(b) Funeral Director Dan B. Nethy
(c) Address Springerville, Ariz
19. (a) Jan 27-1947
(Date received Local Registrar)
(b) Mrs W. H. Feaster
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 26, 1947
TIME (Hour and minute) 8:10 AM
21. I hereby certify that I attended the deceased from 9-2-46
to 1-26-47, 19____; that I last saw him alive on 1-25-47, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis - Pneumonia
Due to Chronic Bronchial Asthma
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
4 Days
20 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 Dr. Ralph E. Smith D. O.
Address Springerville, Ariz Date signed 1-27-47