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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 75
Registrar's No. 13

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location 414 Tremont (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community 11 years (Specify whether years, months or days) ; In Arizona 35 years
2. Usual Residence of Deceased: (a) State Ariz ; (b) County Gila ; (c) City or Town Globe (If outside city limits also write RURAL)
(d) Street No. 414 Tremont Blvd. ; (e) Citizen of foreign country (Yes or No) ; If Yes, which country ; (c) Social Security No. None
3. (a) FULL NAME Samuel Holland Underwood (b) If Veteran name war No

4. Sex Male
5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Annie Bales Underwood
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased Nov 8 - 1866 (Month) (Day) (Year)
8. AGE: Years 80 Months 3 Days 7 If less than one day hrs. ..... min. .....
9. Birthplace Marion Alabama (City, town or county) (State or Country)
10. Usual Occupation Telegraph Operator
11. Industry or Business Rail Road
Father 12. Name John Underwood
13. Birthplace Alabama (City, town or county) (State or Country)
Mother 14. Maiden Name Fanny Nelms
15. Birthplace Alabama (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs Ida Moreland
(b) Address Globe Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date 2-17 1947
18. (a) Embalmer's Signature [illegible]
(b) Funeral Director [illegible]
(c) Address [illegible] Ariz.
19. (a) Feb. 19 - 47 (Date received Local Registrar)
(b) Irene Wanda (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 15, 1947;
TIME (Hour and minute) 5:25 a M.
21. I hereby certify that I attended the deceased from Jan 1, 1947 to Feb 15, 1947;
that I last saw him alive on Feb 14, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Uremic Poisoning 5 24 hrs.
Coma
Due to Chronic nephritis → 1 yr.
Due to Old age
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)
(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 [illegible] M. D.
Address Globe Date signed 2/19/47

40M—100% Rag—6-45