842

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 92
Registrar's No. 72

1. Place of Death: (a) County Graham (b) City or Town Pima (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 67 yrs (Specify whether years, months or days); In Arizona 67 yrs.

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Pima (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 Martha Amanda Dodge (b) If Veteran name war ——; (c) Social Security No. ——

4. Sex F. M

5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced Widow

6. (b) Name of husband or wife ——

6. (c) Age of husband or wife, if alive ——yrs.

7. Birthdate of deceased Sept (Month) 12 (Day) 1865 (Year)

8. AGE: Years 81 Months 4 Days 27 If less than one day hrs. ——min. ——

9. Birthplace Pongunage (City, town or county) Utah. (State or Country)

10. Usual Occupation Housewife

11. Industry or Business ——

Father
12. Name Spencer Reynolds
13. Birthplace Arkansas. (City, town or county) (State or Country)

Mother
14. Maiden Name Nancy Norton
15. Birthplace Arkansas (City, town or county) (State or Country)

16. (a) Informant's own signature X Edith Holladay
(b) Address Pima Ariz.

17. (a) Burial, Cremation or Removal Burial.
(b) Place Pima Ariz (c) Date Feb 11 1947

18. (a) Embalmer's Signature ——
(b) Funeral Director W. C. Rawson
(c) Address Safford Ariz

19. (a) March 9, 1947 (Date received Local Registrar)
(b) M. Stratton M.D. (Registrar's Signature) By O. H. Lopez

18 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 8, 1947;
TIME (Hour and minute) 10 a. M.

21. I hereby certify that I attended the deceased from 11-27, 1946 to 1-28-, 1947; that I last saw her alive on 1-28-, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death terminal stage of bronchial pneumonia.
Contributing cause - senility.

Due to ——

Due to ——

Other conditions ——
(Include pregnancy within 3 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 F. W. Rutter M. D.
Address Safford, Arizona Date signed 2-11-47