2357

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 318
Registrar's No. 776

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Arizona State Hospita (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 11 mo. 5 da; In Community same (Specify whether years, months or days); In Arizona 70
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott (If outside city limits also write RURAL)
(d) Street No. Pioneer's Home; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME Jefferson Davis Newman (b) If Veteran name war (c) Social Security No.

4. Sex M
5. Race White [X] 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 October 1, 1864 (Month) (Day) (Year)
8. AGE: Years 82 Months 6 Days 24 If less than one day hrs. ___ min.
9. Birthplace Red Bluff, California (City, town or county) (State or Country)
10. Usual Occupation ~~not known~~ Rancher
11. Industry or Business Sheep
Father 12. Name John Wesley Newman
13. Birthplace Tennessee (City, town or county) (State or Country)
Mother 14. Maiden Name Jane Davis Bennett
15. Birthplace Missouri (City, town or county) (State or Country)
16. (a) Informant's own signature Arizona State Hosp.
(b) Address Phoenix, Arizona. (Records
17. (a) Burial, Cremation or Removal Removal
(b) Place Flagstaff, Ariz. (c) Date 4-26 1947
18. (a) Embalmer's Signature Frank S. Bueler
(b) Funeral Director A. L. Moore & Sons
(c) Address 333 W. Adams, Phoenix Ariz.
19. (a) APR 26 1947 (Date received Local Registrar)
(b) Avit Hughes by M. Kerr (Registrar's Signature) Deputies

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 25, 1947;
TIME (Hour and minute) 8:13 AM M.
21. I hereby certify that I attended the deceased from May 20, 1946 to Apr. 25, 1947;
that I last saw him alive on April 25, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
O.K.

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 [signature] M. D.
Address 2500 E. Van Buren Date signed 4-25-47

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