

718

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **83**

1. Place of Death: (a) County Gila (b) City or Town Quail (c) Location Little Acre
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 36 yrs; In Arizona 37 yrs
(Specify whether years, months, or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Quail
(If outside city limits also write RURAL)

(d) Street No. Little Acre; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME John Garfield Snedder (b) If Veteran name war none (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Effie Snedder 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased July 20 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 1 If less than one day hrs. min.

9. Birthplace Harrisburg Penna.
(City, town or county) (State or Country)

10. Usual Occupation U.S. Marshall

11. Industry or Business _____

12. Name John Snedder
Father { 13. Birthplace Scotland
(City, town or county) (State or Country)

14. Maiden Name Oliver Gandy
Mother { 15. Birthplace Seranton Penna.
(City, town or county) (State or Country)

16. (a) Informant's own signature Effie Snedder
(b) Address Little Acre, Gila Ariz. Rt. 1

17. (a) Burial, Cremation or Removal Burial
(b) Place Final Care (c) Date June 21 1947

18. (a) Embalmer's Signature J. J. M. M. M.
(b) Funeral Director John S. M. M.
(c) Address Miami Arizona

19. (a) June 26 1947
(Date received Local Registrar)
(b) John S. M. M.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 21 1947
TIME (Hour and minute) 7:15 P.M.

21. I hereby certify that I attended the deceased from June 21 1947
to June 21 1947
that I last saw him alive on June 21 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
10 hrs

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 Robert J. M. D.
Address Quail Date signed June 21 1947