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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 46.

1. Place of Death: (a) County GRAHAM (b) City or Town SAFFORD (If outside city limits also write RURAL) (c) Location 1020 8TH AVENUE (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 8 YRS — (Specify whether years, months or days); In Arizona 70 YRS —

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

(d) Street No. Rural; (e) Citizen of foreign country (Yes or No) _____ If Yes, which country _____

3. (a) FULL NAME SUSAN ANN HAWS (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex: FEMALE
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: WIDOWED
6. (b) Name of husband or wife: GEO M. HAWS
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased: MARCH (Month) 15 (Day) 1871 (Year)
8. AGE: Years 76 | Months 2 | Days 24 | If less than one day hrs. ___ min. ___
9. Birthplace: PROVO (City, town or county) UTAH (State or Country)
10. Usual Occupation: HOUSEWIFE
11. Industry or Business _____

Father:
12. Name: MOSES CLUFF
13. Birthplace: Unknown (City, town or county) (State or Country)

Mother:
14. Maiden Name: REBECCA LANGMAN
15. Birthplace: ENGLAND (City, town or county) (State or Country)

16. (a) Informant's own signature: Anna Burrell
(b) Address: SAFFORD, ARIZONA
17. (a) Burial, Cremation or Removal: BURIAL
(b) Place: PIMA, ARIZ (c) Date: JUNE 11 1947
18. (a) Embalmer's Signature: [signature]
(b) Funeral Director _____
(c) Address: Safford, Ariz.
19. (a) July 9, 1947 (Date received Local Registrar)
(b) [signature] M.D. (Registrar's Signature) Deputy O H Lopez

40M—100% Rag—6-45

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) JUNE 9, 1947;
TIME (Hour and minute) 1:30 A.M.
21. I hereby certify that I attended the deceased from 6 June 1947, 19__ to 9 June, 1947 that I last saw her alive on 6 June, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia

Due to: Old age + Senility

Due to _____

Other conditions: Blindness - bilateral (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: [signature] M. D.
Address: Safford Date signed 11 June 1947