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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 57
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Graham (b) City or Town Safford. (If outside city limits also write RURAL) (c) Location Morris Squibb (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 30 Hrs.; In Community 55 yrs.; In Arizona 60 yrs. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Safford. (If outside city limits also write RURAL)
(d) Street No. 1519 Central Ave; (e) Citizen of foreign country (Yes or No) If Yes, which country
(b) If Veteran name war (c) Social Security No.

3. (a) FULL NAME Mary Ann Boggs.

4. Sex FM.
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married.
6. (b) Name of husband or wife Wm. Boggs.
6. (c) Age of husband or wife, if alive 73 yrs.
7. Birthdate of deceased July (Month) 6 (Day) 1879 (Year)
8. AGE: Years 68 Months — Days 5 If less than one day hrs. min.
9. Birthplace Joseph City (City, town or county) Ariz (State or Country)
10. Usual Occupation Housewife.
11. Industry or Business
Father 12. Name Moses B Steel.
13. Birthplace (City, town or county) Utah. (State or Country)
Mother 14. Maiden Name Bertha Quinn.
15. Birthplace (City, town or county) S. Carolina (State or Country)
16. (a) Informant's own signature Milton Boggs
(b) Address Miami Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Safford. Ariz (c) Date 7/23 1947
18. (a) Embalmer's Signature
(b) Funeral Director W. C. Rawson
(c) Address Safford. Ariz.
19. (a) August 9, 1947 (Date received Local Registrar)
(b) J. Stratton M.D. (Registrar's Signature)
Deputy C. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 21, 1947
TIME (Hour and minute) 4-30 P.M.
21. I hereby certify that I attended the deceased from July 20, 1947 to July 21, 1947 that I last saw her alive on July 21, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
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 [signature] M. D.
Address Safford Ariz Date signed 7/22/47

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