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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.
Registrar's No. 10

STANDARD CERTFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Greenlee (b) City or Town ~~Morenci~~ Clifton (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 6 years ; In Arizona 6 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz ; (b) County Greenlee (c) City or Town Clifton (If outside city limits also write RURAL)
(d) Street No. ; (e) Citizen of foreign country (Yes or No) No If Yes, which country
(b) If Veteran name war (c) Social Security No. None

3. (a) FULL NAME Minnie Lou Christopher

4. Sex F.M.
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife, if alive ... yrs.
7. Birthdate of deceased Oct (Month) 7th (Day) 1874 (Year)
8. AGE: Years 72 Months 8 Days 11 If less than one day hrs. min.
9. Birthplace Limestone Co (City, town or county) Alab (State or Country)
10. Usual Occupation At Home
11. Industry or Business
Father 12. Name Wm Ausley
13. Birthplace (City, town or county) South Carolina (State or Country)
Mother 14. Maiden Name Martha Smith
15. Birthplace Murray Co. Tenn (City, town or county) (State or Country)

16. (a) Informant's own signature W E Christopher
(b) Address Clifton Ariz
17. (a) Burial, Cremation or Removal Removal
(b) Place Franklin Ariz (c) Date July 4 1947
18. (a) Embalmer's Signature [signature]
(b) Funeral Director McMILLEN FUNERAL HOME
(c) Address Clifton Ariz
19. (a) 9-23-47 (Date received Local Registrar)
(b) M. Danielson Jr (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 2 (2nd) 1947
TIME (Hour and minute) 9:45 P.M.
21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19..;
that I last saw her alive on ..., 19..;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocardial Degeneration
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION 5 yrs

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 L E Burgess M. D.
Address Clifton Date signed July 3, 1947

[illegible]'s 40M—100% Rag—6-10-44