4829

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

88

State File No.
Registrar's No. 73

1. Place of Death: (a) County Graham (b) City or Town Thatcher (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 30 yrs (Specify whether years, months or days) ; In Arizona 50 yrs

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

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

3. (a) FULL NAME Ephraim J. Allen (b) If Veteran name war (c) Social Security No.

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

6. (b) Name of husband or wife Nancy Allen | 6. (c) Age of husband or wife, if alive 65 yrs.

7. Birthdate of deceased Feb (Month) 26 (Day) 1879 (Year)

8. AGE: Years 68 | Months 6 | Days 3 | If less than one day hrs. min.

9. Birthplace WASHINGTON COUNTY (City, town or county) Utah (State or Country)

10. Usual Occupation RETIRED

11. Industry or Business

Father { 12. Name John Allen
13. Birthplace POTTAWATTAMIE (City, town or county) IOWA (State or Country)

Mother { 14. Maiden Name HANNAH BATTY
15. Birthplace ENGLAND (City, town or county) (State or Country)

16. (a) Informant's own signature Hannah Clawson
(b) Address PHOENIX, ARIZONA

17. (a) Burial, Cremation or Removal Burial
(b) Place Thatcher Ariz (c) Date 8/31 19 47

18. (a) Embalmer's Signature
(b) Funeral Director W.C. Rawson
(c) Address Safford, Ariz.

19. (a) Sept. 3, 1947 (Date received Local Registrar)
(b) A. N. Stratton, M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 29, 19 47;
TIME (Hour and minute) 9-30 P M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Aug. 29, 1947 that I last saw him alive on Aug 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to Hypertension

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 G. W. Butler M.D.
Address Safford Date Signed 8/30/47

s 40M—100% Rag—6-45 respectfully R. Hughes.