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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. **34**

Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Cochise (b) City or Town Benson, Ariz. (c) Location Benson Maternity Home  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community \_\_\_\_\_; In Arizona \_\_\_\_\_  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State \_\_\_\_\_; (b) County \_\_\_\_\_; (c) City or Town \_\_\_\_\_  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
3. (a) FULL NAME None (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Race White  Indian  Negro  Oriental   
6. (a) Single, married, widowed or divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased 11-17-47 - Stillborn  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hrs \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace Benson, Pinal, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

Father { 12. Name Clifford Coons  
13. Birthplace Pomarene, Cochise, Arizona  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Alice Bartha Sherman  
15. Birthplace Pomarene, Cochise, Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Alice Coons  
(b) Address Pomarene, Arizona

17. (a) Burial, Cremation or Removal Buried  
(b) Place Pomarene (c) Date 11-4 1947

18. (a) Embelmer's Signature Family  
(b) Funeral Director \_\_\_\_\_  
(c) Address \_\_\_\_\_

19. (a) Nov 15 1947  
(Date received Local Registrar)  
(b) adler  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 17, 1947, 19\_\_\_\_;  
TIME (Hour and minute) 2:00 A.M. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
Immediate cause of death Preseparation of placenta and Rh negative factor of mother.

Due to \_\_\_\_\_

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 John F. Jussen M. D.  
Address Benson, Arizona Date signed 11-13-47