

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 108

Registrar's No. 87

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location G.C. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 1/2 mo.; In Community 7 yrs.; In Arizona 64 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Claypool
(If outside city limits also write RURAL)
(d) Street No. 10 Cottonwood; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Henry Smithson (b) If Veteran name war no (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental 5. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Nov. 20 1863
(Month) (Day) (Year)
8. AGE: Years 84 Months 0 Days 2 hrs. _____ min. _____
9. Birthplace Washington Utah
(City, town or county) (State or Country)
10. Usual Occupation Retired
11. Industry or Business _____
12. Name Allan W. Smithson
13. Birthplace S. Carolina
(City, town or county) (State or Country)
14. Maiden Name Jeanette B. Taylor
15. Birthplace S. Carolina
(City, town or county) (State or Country)

16. (a) Informant's own signature Amie S. Cambell
(b) Address Claypool, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Claypool Ariz. (c) Date Nov 25 1947
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address [Address]
19. (a) Nov. 24-47
(Date received Local Registrar)
(b) Doree Wauchole
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 22, 1947
TIME (Hour and minute) 3:30 A. M.
21. I hereby certify that I attended the deceased from Nov 20, 1947 to Oct 20, 1947
that I last saw him alive on Oct, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Local pilled (Arteriosclerosis)
Due to Coronary Artery
Other conditions (include pregnancy within three months of death) _____
Major findings: Complex
Of operations _____
Of autopsy _____

DURATION 5 years
2 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, or public place? _____
(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature [Signature] Date signed Nov 23 1947
Address Claypool Ariz