

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **30**
Registrar's No. **1**

1. Place of Death: (a) County **Gila** (b) City or Town **Hayden** (c) Location **Home**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community **35 Yrs**; In Arizona **35 Yrs**
(Specify whether years, months or days)

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

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

3. (a) FULL NAME **Ruby L. Masterson** (b) If Veteran name was _____ (c) Social Security No. _____

4. Sex **Fem** 5. Race **White** Indian Negro Oriental

6. (a) Single, married, widowed or divorced **Married**

6. (b) Name of husband or wife **John A. Masterson** 6. (c) Age of husband or wife, if alive **76 yrs.**

7. Birthdate of deceased **May, 5, 1877**
(Month) (Day) (Year)

8. AGE: Years **71** Months **8** Days **14** hrs. _____ min. _____
If less than one day

9. Birthplace **Little Rock, Ark.**
(City, town or county) (State or Country)

10. Usual Occupation **House wife**

11. Industry or Business **Home**

12. Name **James H Akin**

13. Birthplace **Unknown**
(City, town or county) (State or Country)

14. Maiden Name **Fanny C Pool**

15. Birthplace **Unknown**
(City, town or county) (State or Country)

16. (a) Informant's own signature *Jam Masterson*
(b) Address **Hayden, Arizona**

17. (a) Burial, Cremation or Removal **Removal**
(b) Place **Winkelman, Ariz.** (c) Date **Jan 21 19 48**

18. (a) Embalmer's Signature *P. J. Hullon*
(b) Funeral Director *P. J. Hullon*
(c) Address **Winkelman, Arizona**

19. (a) **January 21st. 1948**
(Date received Local Registrar)

(b) *M. P. Dush*
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **Jan., 19 19 48**;
TIME (Hour and minute) **12/45 P.M.**

21. I hereby certify that I attended the deceased from _____, 19 **35** to **Jan 19**, 19 **48**;
that I last saw her alive on **Jan., 19**, 19 **48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **(93) Chronic Myocarditis**

Due to _____

Due to _____

Other conditions **Chronic Nephritis**
(Include pregnancy within 3 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? _____ (c) Means of injury _____

23. Signature *Charles M. Hutton* M. D.
Address **Hayden, Ariz** Date signed **I-20-48**