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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 840
Registrar's No. 7

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location Morris Squibb (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 12 Hrs; In Community 4 Mo (Specify whether years, months or days); In Arizona 4 Mo.
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Central (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 Michal ~~Jane~~ Jane Bigler (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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ___ yrs.
7. Birthdate of deceased Sept (Month) 24 (Day) 1947 (Year)
8. AGE: Years Months 4 Days 5 If less than one day hrs. ___ min.
9. Birthplace Safford (City, town or county) Ariz (State or Country)
10. Usual Occupation None
11. Industry or Business
Father 12. Name Jane Bigler
13. Birthplace Central (City, town or county) Ariz (State or Country)
Mother 14. Maiden Name Ruby Baker
15. Birthplace Unknown (City, town or county) Ariz (State or Country)
16. (a) Informant's own signature X Geo. Bigler
(b) Address Central Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Central Ariz (c) Date Feb 4 1948
18. (a) Embalmer's Signature
(b) Funeral Director W. C. Rawson
(c) Address Safford, Ariz.
19. (a) March 9, 1948 (Date received Local Registrar)
(b) J. N. Shelton M.D. (Registrar's Signature)
Deputy H. Lopez

40M—100% Rag—6-45

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 3, 1948;
TIME (Hour and minute) 10 P. M.
21. I hereby certify that I attended the deceased from Feb 3, 1948 to Feb 3, 1948; that I last saw him alive on Feb 3, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Acute Laryngo Trachea Bronchitis

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 [signature] M. D.
Address Safford Ariz Date signed 2/3/48