1686

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1517
Registrar's No. 18.

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

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Graham ; (c) City or Town Pima (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 Anice Hulda Boswell (b) If Veteran name war (c) Social Security No.

4. Sex: female
5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: Married.
6. (b) Name of husband or wife: E.D. Boswell
6. (c) Age of husband or wife, if alive 68 yrs.
7. Birthdate of deceased Sept. (Month) 25 (Day) 1883 (Year)
8. AGE: Years 64 Months 5 Days 12 If less than one day hrs. min.
9. Birthplace Panguitch (City, town or county) Utah. (State or Country)
10. Usual Occupation Home maker
11. Industry or Business own home.

Father
12. Name George P. Mathewson.
13. Birthplace Abdereen Scotland. (City, town or county) (State or Country)

Mother
14. Maiden Name Hulda Anice Cluff
15. Birthplace Parowan Utah. (City, town or county) (State or Country)

16. (a) Informant's own signature Ethel Smith
(b) Address Los Angeles Calif.
17. (a) Burial, Cremation or Removal Burial
(b) Place Pima, Ariz. (c) Date 3/10/1948
18. (a) Embalmer's Signature
(b) Funeral Director N.C. Rawson
(c) Address Safford, Ariz.
19. (a) March 18, 1948 (Date received Local Registrar)
(b) M Stratton M.D. (Registrar's Signature) Deputy O.H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3/8 1948;
TIME (Hour and minute) 11:20 a.m.
21. I hereby certify that I attended the deceased from 4-5-45 March 4, 1948 to March 4, 1948;
that I last saw her alive on March 4, 1948;
and that death occurred on the date and hour stated above.
Immediate cause of death Metastatic Carcinoma
Due to Carcinoma of the Breast.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
3 months
18 months

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 Date signed 3-9-48

18 30M—100% Rag—5/21/48