STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1520
Registrar's No. 20.

1. Place of Death: (a) County Graham (b) City or Town Thatcher (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 4 yrs. ; In Arizona 13 yrs. (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz. ; (b) County Graham ; (c) City or Town Thatcher (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 Parley P. Black (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: Married.
6. (b) Name of husband or wife: Eloma Black
6. (c) Age of husband or wife, if alive: 72 yrs.
7. Birthdate of deceased: Mar. (Month) 23 (Day) 1875 (Year)
8. AGE: Years 72 Months 11 Days 22 If less than one day hrs. min.
9. Birthplace: Kanab (City, town or county) Utah. (State or Country)
10. Usual Occupation: Farmer.
11. Industry or Business:
Father 12. Name: Wm. M. Black.
Father 13. Birthplace: Redlands (City, town or county) Humboldt Co. Ohio (State or Country)
Mother 14. Maiden Name: Louisa Emma Warburton
Mother 15. Birthplace: Sanpete Co (City, town or county) Utah (State or Country)
16. (a) Informant's own signature: Clara London
(b) Address: 563 F. Priory St. Bell, Calif.
17. (a) Burial, Cremation or Removal: Buried
(b) Place: Safford Ariz (c) Date: 3/17 1948
18. (a) Embalmer's Signature:
(b) Funeral Director: W. C. Ransom
(c) Address: Safford Ariz
19. (a) March 18, 1948 (Date received Local Registrar)
(b) J. M. Shelton M.D. (Registrar's Signature)
Deputy O. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar 15, 1948
TIME (Hour and minute) 9-42 a.m.
21. I hereby certify that I attended the deceased from Mar-10-48 to Mar-15-48, that I last saw him alive on Mar-15-48, and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within three months of death)	
Major findings: Of operations	
Of autopsy	

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 J. M. Shelton M.D. M. D.
Address Safford Date signed 3/16/48

8 40M-100% Rag 6-45