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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. 2641
Registrar's No. 35

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 3 Hrs; In Community 3 Hrs; In Arizona 3 Hrs (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Safford (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 Baby Combs. (b) If Veteran name war (c) Social Security No.

4. Sex F 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 April 23-48 (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day hrs. 3 min.
9. Birthplace Safford Ariz. (City, town or county) (State or Country)
10. Usual Occupation —
11. Industry or Business
Father: 12. Name Lyle Combs
13. Birthplace Central Ariz (City, town or county) (State or Country)
Mother: 14. Maiden Name Alleen Asay
15. Birthplace Thatcher Ariz. (City, town or county) (State or Country)
16. (a) Informant's own signature x Lyle Combs
(b) Address Box 1031 Globe Ariz
17. (a) Burial, Cremation or Removal ~~April~~ Buried
(b) Place Thatcher Ariz (c) Date April 24 1948
18. (a) Embalmer's Signature
(b) Funeral Director W. C. Ransom
(c) Address Safford Ariz.
19. (a) May 9th, 1948 (Date received Local Registrar)
(b) J. Shafton M.D. (Registrar's Signature)
Deputy Dep. Tryl

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 23, 1948
TIME (Hour and minute) 8-30 P. M.
21. I hereby certify that I attended the deceased from April 23, 1948 to April 23, 1948 that I last saw her alive on April 23, 1948, and that death occurred on the date and hour stated above.
Immediate cause of death Erythroblastosis Foetalis
Due to
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 Donald F. Nelson M. D.
Address Safford Ariz Date signed 4/23/48

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