

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2647
Registrar's No. 411

1. Place of Death: (a) County Graham (b) City or Town Thatcher (c) Location _____ (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 32 yrs.; In Arizona 68 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) _____
3. (a) FULL NAME Mary Jane Talley (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex FM 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Widow
(b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct 28, 1878
(Month) (Day) (Year)
8. AGE: Years 69 Months 6 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Windsor Ariz.
(City, town or county) (State or Country)

10. Usual Occupation Housewife
11. Industry or Business _____

Father { 12. Name Geo. Skinner
13. Birthplace England
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Stratton
15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary Talley
(b) Address Phoenix Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Graham (c) Date 5/26 1948

18. (a) Embalmer's Signature _____
(b) Funeral Director W.C. Rawson
(c) Address Safford, Ariz.

19. (a) June 9, 1948
(Date received Local Registrar)
(b) M. Stratton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 24, 1948
TIME (Hour and minute) 8 A.M.

21. I hereby certify that I attended the deceased from May 22, 1948 to May 24, 1948;
that I last saw her alive on May 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to _____
Other conditions (Include pregnancy within 8 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 F. H. Smith M.D.
Address Safford Date signed 5/24/48