STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 4543
Registrar's No. 57

1. Place of Death: (a) County Mohave (b) City or Town Kingman (If outside city limits also write RURAL) (c) Location Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 8 days; In Community 50 yrs (Specify whether years, months or days); In Arizona 50 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town Signal (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 Sarah E. Bland (b) If veteran name war (c) Social Security No.

4. Sex F

5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Feb. 17, 1865 (Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 18 If less than one day hrs. min.

9. Birthplace Kern Co Calif. (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

Father 12. Name Moses Hart
13. Birthplace Texas (City, town or county) (State or Country)

Mother 14. Maiden Name Julia Finley
15. Birthplace Arkansas (City, town or county) (State or Country)

16. (a) Informant's own signature T. J. Bland
(b) Address Wikieup Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Kingman, Ariz (c) Date 7/8 1948

18. (a) Embalmer's Signature William H. Peck
(b) Funeral Director Van Marter Mortuary
(c) Address Kingman, Ariz.

19. (a) July 8, 1948 (Date received Local Registrar)
(b) Hazel M. Miller (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 5, 1948
TIME (Hour and minute) 10:15 a M.

21. I hereby certify that I attended the deceased from June 27, 1948 to July 5, 1948; that I last saw her alive on July 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Lobar (Static) Pneumonia — DURATION 5 days
Due to Simple Fracture neck left Femur — 9 days
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) accident
(b) Date of occurrence June 27 1948
(c) Where did injury occur? Signal (City or Town) Mohave (County) Ariz. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - Due to fall (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Paul Orlando M. D.
Address Kingman Date signed 7-6-48

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