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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

5862

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 12

Place of Death: (a) County Gila (b) City or Town Payson (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
Length of Stay: In Hospital or Institution _____; In Community 50 yrs; In Arizona 50 yrs
(Specify whether years, months or days)
Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town _____
(If outside city limits also write RURAL)
Street No. _____ (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____

(a) FULL NAME Jefferson Hardness Powers (b) If Veteran name 2000 (c) Social Security No. _____

Sex M 5 Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Single

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

Birthdate of deceased October 22 1976
(Month) (Day) (Year)

AGE: Years 72 Months 1 Days _____ If less than one day hrs. _____ min. _____

Birthplace Stringtown, Oklahoma
(City, town or county) (State or Country)

Usual Occupation Pensioner

Industry or Business _____

2. Name James Noah Powers

3. Birthplace Tennessee
(City, town or county) (State or Country)

4. Maiden Name Sarah Elizabeth Brooks

5. Birthplace Arkansas
(City, town or county) (State or Country)

(a) Informant's own signature Wesley Powers

(b) Address Payson, Arizona

(a) Burial, Cremation or Removal Burial

(b) Place Payson (c) Date Nov 24 1948

(a) Embalmer's Signature J. M. White

(b) Funeral Director J. M. White

(c) Address Payson, Arizona

(a) Dec 2, 1948
(Date received Local Registrar)

(b) Galvin H. Greer
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 21, 1948;
TIME (Hour and minute) 10:00 7 M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 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 Galvin H. Greer, Jr. M. D.
Address Payson, Ariz Date signed 11/23/48