

40 1486

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

6405

State File No. 299
Registrar's No. 299

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

(d) Length of Stay: In Hospital or Institution _____; In Community 36 years; In Arizona 36 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise (c) City or Town San Simon
(If outside city limits also write RURAL)

(d) Street No. _____ (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Sarah Gracie McKinney (b) If veteran name war none (c) Social Security No. none

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

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

7. Birthdate of deceased Mar. 27 1864
(Month) (Day) (Year)

8. AGE: Years 86 Months no Days 9 If less than one day hrs _____ min _____

9. Birthplace Turrell Texas
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name M. D. Grains

13. Birthplace _____
(City, town or county) (State or Country)

14. Maiden Name Sarah G. Chisholm

15. Birthplace Turrell Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Jack R. Smith

(b) Address San Simon Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place San Simon Ariz (c) Date July 7 1948

18. (a) Embalmer's Signature Paul E. Clark 292A

(b) Funeral Director DUGAN-H.I.

(c) Address Box 82 Bisbee, Ariz

19. (a) July 7, 1948
(Date received Local Registrar)

(b) Paul W. ...
(Registrar's Signature)

Cowice, Ariz

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-6, 1948;
TIME (Hour and minute) 4:55 A.M. M.

21. I hereby certify that I attended the deceased from 11-3, 1948 to 11-6, 1948;

that I last saw her alive on 11-5, 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death APPT FAILURE
APPT FAILURE -

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within three months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 R. W. Hicks M.D. M. D.

Address Willcox, Ariz Date signed 12-6-48

DURATION

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically