

2247

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS 174X STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 81, 5520

DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>COCHISE</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>NEW MEXICO</u> B. COUNTY <u>SAN JUAN</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>THATCHER</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>FARMINGTON - NEW MEX</u>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>1 WK - 1 WK</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION:			

IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) <u>RUBY</u> B. (MIDDLE) C. (LAST) <u>LONGHURST</u>			4. SEX <u>F.W.</u>	5. COLOR OR RACE <u>W.</u>
	6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>SEPT</u> DAY <u>12</u> YEAR <u>1906</u>		8. AGE YEARS <u>43</u> MONTHS <u>2</u> DAYS <u>11</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>HOUSEWIFE</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>ARIZONA</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO.
	14A. FATHER'S NAME <u>ALLEN TURNER WEST</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>NORTH CAROLINA</u>	15A. MOTHER'S MAIDEN NAME <u>MIRIAM ELIZABETH PARKER</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>ARKANSAS</u>	

SEASONAL HISTORY	16. INFORMANT'S SIGNATURE <u>Wm. P. Longhurst (Husband's Neighbor)</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Nov, 28-49</u>		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) <u>Cancer of uterine</u>			INTERVAL BETWEEN ONSET AND DEATH	
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11-28-1949</u> TO <u>11-28-1949</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>11-28-1949</u> AND THAT DEATH OCCURRED AT <u>6 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. <u>11-28-49</u>		
23A. SIGNATURE <u>F. W. Butler</u>	23B. ADDRESS <u>Safford, Ariz</u>	23C. DATE SIGNED <u>12-28-49</u>

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Nov 1-49</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Braham Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Braham Co.</u>
25A. DATE REC'D BY LOCAL REG. <u>Nov 30/49</u>	25B. REGISTRAR'S SIGNATURE <u>J. N. Stratton</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Rawson Safford</u>	27. EMBALMER'S SIGNATURE <u>W. E. Rawson</u>

Deputy Q. N. Dapay

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