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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 424

1. Place of Death: (a) County Navajo (b) City or Town Snowflake (c) Location Snowflake Maternity Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 2 days; In Community 2 days; In Arizona 2 days  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Snowflake  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) no  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME Anona Smith (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

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

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

7. Birthdate of deceased Dec. 6 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
- - 2 hrs. min.

9. Birthplace Snowflake Arizona  
(City, town or county) (State or Country)

10. Usual Occupation -

11. Industry or Business -

Father { 12. Name Andrew Outzen Smith  
13. Birthplace Snowflake, Arizona  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Edna Richards  
15. Birthplace Snow Joseph City, Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Edna R. Smith  
(b) Address Box 1103, Snowflake, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Snowflake Ariz (c) Date Dec. 8 1947

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director \_\_\_\_\_  
(c) Address \_\_\_\_\_

19. (a) Dec 18 1947  
(Date received, Local Registrar)  
(b) Blanche Flake  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 8, 1947;  
TIME (Hour and minute) 1:10 a.m.

21. I hereby certify that I attended the deceased from Dec. 6, 1947 to Dec. 7, 1947;  
that I last saw h.e.r. alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Not known  
premature infant.  
pudder death

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 J. N. Keywood  
Address Snowflake Date signed Dec. 8, 1947