

449

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 418

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registrar's No. _____
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Navajo (b) City or Town Snowflake (c) Location Snowflake Maternity Hosp.
(If outside city limits also write RURAL)

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

2. Usual Residence of Deceased: (a) State _____; (b) County _____; (c) City or Town _____
(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 George Richard Anderson (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex male 5. Race White Indian Negro Oriental

6. (a) Single, married, widowed or divorced Single (b) Name of husband or wife _____ (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased January 11 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day hrs. stillborn min. _____

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

10. Usual Occupation _____

11. Industry or Business _____

12. Name Elmer Thomas Anderson

13. Birthplace Fenton, Jackson, Missouri
(City, town or county) (State or Country)

14. Maiden Name Hazel Ramsay

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

16. (a) Informant's own signature Hazel Anderson
(b) Address Snowflake Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Snowflake (c) Date Jan 12 1947

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

19. (a) Can 23 1947
(Date received) Local Registrar

(b) Blanche Blake
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Stillborn, 19____: M. _____
TIME (Hour and minute) _____

21. I hereby certify that I attended the deceased from at birth to _____
Jan. 11, 1947 to _____

that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cause not known
had been dead some days prior to birth.

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. M. Keywood M. D. Date signed 1/13/47
Address Snowflake