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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

731

State File No. _____
Registrar's No. 1

1. Place of Death: (a) County Yuma (b) City or Town Parker (c) Location Box 81
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 3 MOS.; In Arizona 3 MOS.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Washington; (b) County _____; (c) City or Town Everett
(If outside city limits also write RURAL)
(d) Street No. 5819 Highway 99; (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME Alma A. Smith (b) If Veteran name war No (c) Security No. _____

4. Sex Female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Dwight A. Smith 6. (c) Age of husband or wife, if alive 57 yrs.
7. Birthdate of deceased April 7 1897
(Month) (Day) (Year)
8. AGE: Years 50 Months 9 Days 7 If less than one day hrs. _____ min. _____
9. Birthplace St. Cloud, Minnesota
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
Father { 12. Name Edwin Peterson
13. Birthplace Stockholm, Sweden
(City, town or county) (State or Country)
Mother { 14. Maiden Name Karen Nelson
15. Birthplace Stockholm, Sweden
(City, town or county) (State or Country)

16. (a) Informant's own signature Friends
(b) Address Box 81, Parker, Arizona
17. (a) Funeral (b) Place Parker, Ariz (c) Date 1/19 1948
18. (a) Embalmer's Signature C. S. Newell
(b) Funeral Director A. E. Coffinger
(c) Address Wickenburg, Ariz
19. (a) Jan. 17th 1948 (Date received) Local Registrar
(b) J. B. Roberts (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 14 1948
TIME (Hour and minute) 4:15 P.M.
21. I hereby certify that I attended the deceased from Nov. 1, 1947
to Nov. 1 1947 that I last saw her alive on Nov. 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary Laryngeal involvement
Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION unk.
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 Robert L. Currie M. D.
Address Parker, Arizona Date signed 1-14-48