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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 207
Registrar's No. 2

1. Place of Death: (a) County Navajo (b) City or Town Joseph City (c) Location Joseph City (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 38 years In Community 60 years ; In Arizona 60 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Navajo ; (c) City or Town Joseph City
(If outside city limits also write RURAL)
(d) Street No. _____ ; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Sarah Ellen Wimmer (b) If veteran name war 2 (c) Social Security No. none
(If NONE write the word)

4. Sex female 5. Color or Race White 6. (a) Single, married, widowed or divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 7 1881
(Month) (Day) (Year)
8. AGE: Years 60 Months 5 Days 9 If less than one day hrs. _____ min. _____

9. Birthplace Joseph City Arizona
(City, town or county) (State or Country)
10. Usual Occupation Housewife

11. Industry or Business _____
12. Name James Edward Shelley
13. Birthplace American Fork Utah
(City, town or county) (State or Country)

14. Maiden Name Margaret Hunter
15. Birthplace Oberdan Scotland
(City, town or county) (State or Country)

16. (a) Informant's own signature Lawrence Wimmer
(b) Address Joseph City, Arizona

17. (a) Burial Cremation or Removal Home Burial
(b) Place Joseph City (c) Date Nov. 17 1941

18. (a) Embalmer's Signature none
(b) Funeral Director none
(c) Address _____

19. (a) Nov 18 - 1941
(Date received local Registrar)
(b) Imy Delpain
(Registrar's Signature)

5M 100% Reg 7/1/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 16 1941 ;
TIME (Hour and minute) 9:00 clock A. M.

21. I hereby certify that I attended the deceased from _____ to _____ ;
that I last saw him _____ alive on _____, 19____ ;

and that death occurred on the date and hour stated above.
Immediate cause of death No Attending Physician

Due to _____
Due to Heart Ailment

Other conditions High Blood Pressure
(Include pregnancy within 3 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 Imy Delpain - Local Reg. M.D.
Address Joseph City Date signed Nov 18

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.