

# STATE OF ARIZONA

## Certified Copy of Vital Record

### ARIZONA STATE BOARD OF HEALTH

PLACE OF DEATH  
**1. County** Pima  
**District** #12  
**Town or City** Tucson

BUREAU OF VITAL STATISTICS

State Index - - - - No. 387  
 County Registrar's - - No. \_\_\_\_\_  
 Local Registrar's - - - No. 469

ORIGINAL CERTIFICATE OF DEATH  
 No. Tanque Verde Road

(If death occurred in a hospital or institution, give its NAME instead of street number).  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Daniel DuPree Smith

(a) Residence. No. Tanque Verde Road  
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male      **4. COLOR or RACE** White      **5. SINGLE, MARRIED, WIDOWED or DIVORCED.** Married  
(Write the word)

**6. If married, widowed, or divorced**  
 HUSBAND of Maggie Bradford Smith  
 (or) WIFE of

**7. DATE OF BIRTH** (month, day and year) Sept. 19, 1848

**8. AGE**      Years      Months      Days      IF LESS than 1 day  
78      7      15      hrs. or min.

**9. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Rancher  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer

**10. BIRTHPLACE** (city or town) (State or country) Texas

**11. NAME OF FATHER** John Smith

**12. BIRTHPLACE OF FATHER** (State or country) (city or town) Texas

**13. MAIDEN NAME OF MOTHER** Nancy DuPree

**14. BIRTHPLACE OF MOTHER** (State or country) (city or town) unknown

**15. Informant** Howard D. Smith  
 (Address) Route #2 Box 416, Tucson, Ariz.

Filed 5/10 1997 Dial Schmalzer Local Registrar.  
 Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.  
 V. S. No. 1

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (month, day, and year) 5-4-1927

**17. I HEREBY CERTIFY**, That I attended deceased from 4/23/27 to 5/4/27  
 that I last saw him alive on 5/2/27  
 and that death occurred, on the date stated above, at 6:45 a.m.  
 The CAUSE OF DEATH\* was as follows:

apoplexy  
 (duration) yrs. mos. ds.

**18. CONTRIBUTORY** arterio-sclerosis  
 (Secondary) (duration) yrs. mos. ds.

**19. When** was disease contracted If not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) R. D. Smith M. D.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

**20. PLACE OF BURIAL, CREMATION OR REMOVAL** Everett Cemetery      **DATE OF BURIAL** 5/9 1927

**21. UNDERTAKER** Parker-Grimshaw Und. Co. Tucson.      **ADDRESS**

STATE OF ARIZONA } 55  
 COUNTY OF MARICOPA }

DATE ISSUED **JUL 19 1984**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:



**BOYD DOVER**, Acting Director  
 Arizona Department of Health Services  
 State Registrar  
 This copy not valid unless printed on this paper

Alfonso Bravo  
**ALFONSO BRAVO**  
 Assistant State Registrar

state seal in color and impressed with raised seal of issuing agency.