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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. 385
Registrar's No. 7

1. Place of Death: (a) County Navajo (b) City or Town Zenith (c) Location (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community _____; In Arizona 9 years 9 mos 22 d
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (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) _____
If Yes, which country _____
3. (a) FULL NAME Charles Foscus Bushman (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Nov 18 1932
(Month) (Day) (Year)
8. AGE: Years 9 Months 9 Days 11 hrs. _____ min. _____
9. Birthplace Snowflake Ariz
(City, town or county) (State or Country)
10. Usual Occupation _____
11. Industry or Business _____
Father { 12. Name Garland Foscus Bushman
13. Birthplace Yon City Arizona
(City, town or county) (State or Country)
Mother { 14. Maiden Name Glennie Smith
15. Birthplace Snowflake Ariz
(City, town or county) (State or Country)
16. (a) Informant's own signature Eliza Smith
(b) Address Snowflake Ariz
17. (a) Burial, Cremation or Removal to Snowflake
(b) Place Snowflake (c) Date July 21 1943
18. (a) Embalmer's Signature _____
(b) Funeral Director H. Hendrickson
(c) Address Snowflake
19. (a) July 26 1943 (Date received Local Registrar)
(b) Blanche Flake (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 20 1943
TIME (Hour and minute) 8:30 AM M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death accident
Riding horse, it became
Due to frightened & dived
child, was dead before
any one could
reach him.
Other conditions (Include pregnancy within 8 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) accident
(b) Date of occurrence April 20, 8:30 AM, 1943
(c) Where did injury occur? Zenith Navajo Ariz
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? farm at Zenith
(Specify type of place)
While at work Play (e) Means of injury _____
23. Signature Blanche Flake Registrar
Address Snowflake Ariz Date signed _____
not in attendance