

2300

306

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

STATE FILE NO.

1. PLACE OF DEATH
 COUNTY Navajo STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP _____ OR VILLAGE _____ OR _____
 CITY Show Low NO. _____ ST. _____ WARD _____
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. _____ MOS. _____ DS. _____ HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
 2. FULL NAME Richard Dean Owens HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____
 (A) RESIDENCE: NO. _____ ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1939
 7. AGE YEARS _____ MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN. _____
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____
 12. BIRTHPLACE (CITY OR TOWN) Snowflake, Ariz. (STATE OR COUNTY) _____
 13. NAME Almon Orr Owens
 14. BIRTHPLACE (CITY OR TOWN) Show Low, Ariz. (STATE OR COUNTY) _____
 15. MAIDEN NAME Rosie West
 16. BIRTHPLACE (CITY OR TOWN) Lakeside, Ariz. (STATE OR COUNTY) _____
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Show Low DATE Oct. 29, 1939
 19. EMBALMER (LICENSE NO. _____) SIGNATURE Dr. Don C. Janner FUNERAL DIRECTOR ADDRESS Show Low, Arizona
 20. FILED _____, 19 _____ REGISTERAR Ernest Whipple

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1939
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____
 I LAST SAW H. _____ ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: _____ DATE OF ONSET _____
Paralysis of Bowels
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____
 NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____
 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____
 WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____
 MANNER OF INJURY _____
 NATURE OF INJURY _____
 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
 IF SO, SPECIFY (SIGNED) Ernest Whipple M. D. (ADDRESS) _____

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.