

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

2777

STATE FILE NO.

CERTIFICATE OF DEATH

<p>1. PLACE OF DEATH A. COUNTY GILA</p>		<p>2. USUAL RESIDENCE A. STATE ARIZONA B. COUNTY GILA C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL), OR TOWN HAYDEN D. STREET ADDRESS 3 RAY AVENUE (IF RURAL, GIVE LOCATION)</p>		<p>REGISTRAR'S NO. 4 (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION.)</p>	
<p>3. NAME OF DECEASED A. (FIRST), B. (MIDDLE), C. (LAST) ARCHIBALD LEWIS POTTER</p>		<p>4. SEX MALE</p>		<p>5. COLOR OR RACE WHITE</p>	
<p>6. MARRIED <input checked="" type="checkbox"/> NEVER <input type="checkbox"/> DIVORCED <input type="checkbox"/> 7. DATE OF BIRTH MONTH NOV DAY 29 YEAR 1892</p>		<p>8. AGE YEARS 58 MONTHS 5 DAYS 22</p>		<p>9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). STEAM ENGINEER</p>	
<p>9B. KIND OF BUSINESS OR INDUSTRY COPPER MILL</p>		<p>10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) INDIANA</p>		<p>11. CITIZEN OF WHAT COUNTRY? U.S.A.</p>	
<p>14A. FATHER'S NAME ARCHIBALD POTTER</p>		<p>14B. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN</p>		<p>15A. MOTHER'S MAIDEN NAME VICTORIA ETNA STARFORD</p>	
<p>16. INFORMANT'S SIGNATURE Ernest S. Debbins</p>		<p>ADDRESS HAYDEN, ARIZ.</p>		<p>17. DATE OF DEATH (MONTH) MAY (DAY) 15 (YEAR) 1952</p>	
<p>18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE OR (A), (B), (C). Coronary embolism Ordinary embolism due to Coronary arteriosclerosis due to hypertension</p>		<p>19. MEDICAL CERTIFICATION DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (a) Coronary embolism (b) Ordinary embolism (c) due to Coronary arteriosclerosis due to hypertension</p>		<p>INTERVAL BETWEEN DEATH AND DEATH CERTIFICATION for minutes</p>	
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>		<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>21A. ACCIDENT, SUICIDE, HOMICIDE</p>		<p>21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)</p>		<p>21C. (CITY OR TOWN) (COUNTY) (STATE)</p>	
<p>21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY</p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>22. I HEREBY CERTIFY THAT I EXTENDED THE DECEASED FROM ALIVE ON 5-3-52 TO 5-3-52 THAT I LAST SAW THE DECEASED ON 5-3-52 FROM THE CAUSES AND ON THE DATE STATED ABOVE.</p>		<p>23. SIGNATURE Walter A. Debbins</p>		<p>23A. ADDRESS HAYDEN ARIZ.</p>	
<p>24. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24A. DATE MAY 19 1952 24B. NAME OF CEMETERY OR CREMATORY 000 FELLOW</p>		<p>24C. NAME OF CEMETERY OR CREMATORY HAYDEN ARIZ.</p>		<p>24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Hayden Ariz. P.O. Box RR 12, Hayden Ariz.</p>	
<p>25A. DATE REC'D BY LOCAL REG. MAY 17 1952</p>		<p>25B. REGISTRAR'S SIGNATURE W. P. Debbins</p>		<p>25C. DATE SIGNED 5-17-52</p>	
<p>26. FUNERAL DIRECTOR'S SIGNATURE Ernest S. Debbins</p>		<p>26A. ADDRESS HAYDEN ARIZ.</p>		<p>26B. FUNERAL DIRECTOR'S SIGNATURE Ernest S. Debbins</p>	
<p>27. PALMER'S SIGNATURE Ernest S. Debbins</p>		<p>27A. ADDRESS HAYDEN ARIZ.</p>		<p>27B. PALMER'S SIGNATURE Ernest S. Debbins</p>	
<p>28. REGISTRAR'S SIGNATURE W. P. Debbins</p>		<p>28A. ADDRESS HAYDEN ARIZ.</p>		<p>28B. REGISTRAR'S SIGNATURE W. P. Debbins</p>	

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