ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3462

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 42

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY — IN THIS TOWN: unk. IN ARIZONA: 40 yr.
C. CITY OR TOWN: Thatcher — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Ashurst — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Boyd B. (MIDDLE) C. (LAST) Hawkins

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Louise Hawkins
7. DATE OF BIRTH — MONTH: May DAY: 26 YEAR: 1915
8. AGE (IN YEARS LAST BIRTHDAY): 40 — IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: 527-38-3998
14A. FATHER'S NAME: Abraham Lincoln Hawkins
14B. BIRTHPLACE (STATE OR COUNTRY): Eden Ariz
15A. MOTHER'S MAIDEN NAME: Lillie Palmer
15B. BIRTHPLACE (STATE OR COUNTRY): Eden Ariz
16. INFORMANT'S SIGNATURE: x Don D. Hawkins — ADDRESS: Box 36 Thatcher
17. DATE OF DEATH (MONTH) (DAY) (YEAR): June 23 - 1955

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Fractured Vertebrae & Multiple Injuries — INTERVAL BETWEEN ONSET AND DEATH: Unknown.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Auto Accident
DUE TO (C) Fell asleep turned over

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM not attended TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON not seen alive AND THAT DEATH OCCURRED AT 1:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Charles H. Karr (DEGREE OR TITLE): M.D.
22B. ADDRESS: Safford Arizona
22C. DATE SIGNED: 24 June 55

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): U.S. Highway 70
23C. (CITY OR TOWN) (COUNTY) (STATE): (Near) Thatcher, Graham, Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): June 23 1955 1:45 AM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Auto Accident

24A. CORONER'S SIGNATURE: J. N. Shatton M.D.
24B. ADDRESS: Safford, Ariz
24C. DATE SIGNED: 6/24/55

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6/25/55
25C. NAME OF CEMETERY OR CREMATORY: Thatcher Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Thatcher, Arizona

26A. DATE REC. BY LOCAL REG.: June 24/55
26B. REGISTRAR'S SIGNATURE: J. N. Shatton M.D.
27A. FUNERAL DIRECTOR'S SIGNATURE: W. C. Ramsey By Francis Ramsey
27B. ADDRESS: Safford Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70395