ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6942

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 72

1. PLACE OF DEATH
A. COUNTY: Mohave
B. LENGTH OF STAY: IN THIS TOWN 15yrs; IN ARIZONA 15yrs
C. CITY OR TOWN: Kingman — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mohave General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Mohave
C. CITY OR TOWN: Kingman — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1125 Kit Carson Rd.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Franklin B. (MIDDLE) F. C. (LAST) Collins
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Lillian Collins
7. DATE OF BIRTH: MONTH July DAY 9 YEAR 1881
8. AGE (IN YEARS LAST BIRTHDAY): 76
IF UNDER 1 YEAR: MONTHS 2 DAYS 21
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Ret. Blacksmith
9B. KIND OF BUSINESS OR INDUSTRY: Same
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: Unknown
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs. Lillian Collins — ADDRESS: Kingman
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Oct. 30- 1957

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 0
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 1948 19__, TO Oct 30 1957, THAT I LAST SAW THE DECEASED ALIVE ON Oct 30, 1957 AND THAT DEATH OCCURRED AT 6:30 a.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Carlton C. Carnell
22B. ADDRESS: Kingman
22C. DATE SIGNED: 10/31/57

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Nov. 2-57
25C. NAME OF CEMETERY OR CREMATORY: Mountian View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kingman, Ariz
26A. DATE REC. BY LOCAL REG.: 11/1/57
26B. REGISTRAR'S SIGNATURE: Hazel M. Miller
27A. FUNERAL DIRECTOR'S SIGNATURE: Hugh F. Clinkenbeard
27B. ADDRESS: Kingman Ariz

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573

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ECEDENT ERSONAL DATA 176
057
CAUSE OF DEATH (ITEM 18) 4201
ERATIONS AUTOPSY
MEDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION
UNERAL IRECTOR AND GISTRAR 38
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