Punched affidavit attached
Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0282

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 33

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 17 days; IN ARIZONA 17 days
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maricopa County General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3330 E. Superior
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) BARBARA B. (MIDDLE) C. (LAST) HAWKINS
4. SEX: Female
5. COLOR OR RACE: Negro
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Infant
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 12 DAY 16 YEAR 1959
8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR MONTHS: DAYS 17 IF UNDER 24 HRS. HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): None
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): None
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: William C. Hawkins
14B. BIRTHPLACE (STATE OR COUNTRY): Ark.
15A. MOTHER'S MAIDEN NAME: Freddie Mae Wiley
15B. BIRTHPLACE (STATE OR COUNTRY): Ark.
16. INFORMANT'S SIGNATURE: Mrs. F.M. Hawkins ADDRESS: 3330 E. Superior
17. DATE OF DEATH: (MONTH) JANUARY (DAY) 2nd (YEAR) 1960

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) Bronchopneumonia
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
~~DUE TO (B)~~ Diabetes + Debilitation
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 29th, 19 59 TO Jan. 2nd, 19 60 THAT I LAST SAW THE DECEASED ALIVE ON January 2nd, 19 60, AND THAT DEATH OCCURRED AT 11:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Donald Lane (DEGREE OR TITLE) MD
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 1-4-60

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 ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-4-60
25C. NAME OF CEMETERY OR CREMATORY: Double Butte Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tempe, Ariz.

26A. DATE REC. BY LOCAL REG.: 1/4/60
26B. REGISTRAR'S SIGNATURE: Beulah Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: John H. Webber
27B. ADDRESS: 1641 E. Jefferson
28A. EMBALMER'S SIGNATURE: John H. Webber
28B. EMBALMER'S CERT. NO.: 353-R

FORM VS-2 REV. 3-13-55 25M AMPCO 26598