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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. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

# ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 127

Registered No. 16

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ____ or Village Wickenburg or

City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Charles Arthur Whipple

(a) Residence. No. Tegner St St., ____ Ward. ____

(Usual place of abode) (If non-resident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Myrtle Vance Whipple

6. DATE OF BIRTH (month, day and year)

7. AGE 56 Years | Months 4 | Days 8 | IF LESS than 1 day ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manufactured Ice

(b) General nature of industry, business or establishment in which employed (or employer) Employer

(c) Name of employer Self

9. BIRTHPLACE (city or town) ____ (State or country) Indiana

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER ____ (city or town) (State or country) Unknown

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER " " (city or town) (State or country) " "

14. Informant His wife (Address) Wickenburg

15. Filed 8/2, 19 J. A. Copeland Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 (Month) 1 (Day) 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Was Killed Instantly, 19__, that I last saw h had no Physician alive on ____, 19__, and that death occurred, on the date stated above, at ____ m. The CAUSE OF DEATH* was as follows: Applying torch to distilate Barrel when it exploded

____ (duration) X yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Carelessness

____ (duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? Wickenburg

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Witnesses

(Signed) J. A. Copeland, M. D.

19 (Address) Wickenburg Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Kingman Arizona

DATE OF BURIAL

20. UNDERTAKER: Fuel Co

ADDRESS: Wickenburg