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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.

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

State File No. 101

1. PLACE OF DEATH

County Gila State Ariz. Local Registrar's No. 12

District or Township ..... or Village ..... or

City Hayden No. Hayden Hospital St., ... Ward

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

2. FULL NAME Daniel Henry Watkins

(a) Residence, No. Winkelman Arizona Ward. Hayden Hospital

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

Length of residence in city or town where death occurreed yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

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~~ Ida Mae Watkins BRANDENBURG

6. DATE OF BIRTH (month, day and year) Jan 5, 1892

7. AGE Years 39 Months 4 Days 25 IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic

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

(c) Name of employer R. B. Tiffin

9. BIRTHPLACE (city or town) (State or country) Sam Marcos Texas

PARENTS

10. NAME OF FATHER Sam M Watkins

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

12. MAIDEN NAME OF MOTHER Sophia Erkel

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

14. Informant Sam M. Watkins (Address) Winkelman Ariz

15. Filed June 1, 1931 Ed B Nash Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5 — 30 — 1931 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/24/, 1931 to 5/30/, 1931, that I last saw him alive on 5/30/, 1931 and that death occurred, on the date stated above, at 6 15 P. m. The CAUSE OF DEATH* was as follows:

Apoplexy

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

CONTRIBUTORY (Secondary) Ether anesthesia for tonsilectomy

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

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

Did an operation precede death? Yes Date of 5/30/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Fitz R. Winslow M. D.

5/31/ 1931 (Address) Hayden 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 Winkelman

DATE OF BURIAL June 2nd 1931

20. UNDERTAKER P. L. Hutton

ADDRESS Winkelman

I 33710