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MARGIN RESERVED FOR BINDING
N. B.—WRITE MAINLY, 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

1. PLACE OF DEATH
 County Yavapai State Arizona Registered No. 3441
 Township Veterans' Administration Hospital or Village _____
 City Whipple No. _____ St. 10 Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 3 yrs. 1 mos. 2 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME George Beaumont FOWLER
 (a) Residence: No. 1794 E. 63rd St., Cleveland, Ohio. Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of Father of Donald F. Fowler (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Dec. 22, 1875

7. AGE Years 56 Months 7 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 864

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Fairbault, (state or country) Minnesota.

13. NAME Bernard Fowler (living)

14. BIRTHPLACE (city or town) _____ (State or country) Germany

15. MAIDEN NAME Nellie Beaumont (deceased)

16. BIRTHPLACE (city or town) _____ (State or country) Connecticut

17. INFORMANT I. D. LOEWY, Clinical Director. (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Whipple, Arizona Date July 27, 1932

19. UNDERTAKER (Address) LESTER RUFFNER, Prescott, Arizona.

20. Henry T. Southworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1929 to July 24, 1932.
 I last saw him alive on July 24, 1932 death is said to have occurred on the date stated above, at 1:42 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of the Lungs Date of Onset 1922

Other contributory causes of importance:

Pneumothorax, double spontaneous 1932
Emphysema 1932
Arterio-sclerosis, general, marked 1930
Asthma, chronic, bronchial, severe 1932

Name of operation _____ Autopsy Findings _____ Physical Findings _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county and State).
 Specify whether injury occurred in industry, in home, or in public place.
 Nature of injury _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. D. ALLEN M. D.
 (Address) C. D. ALLEN, Medical Officer
in Charge, V. A. H., Whipple, Arizona.