3015

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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 444

Registered No. 2559

1. PLACE OF DEATH
County YAVAPAI State ARIZONA
Township MARTINS ROAD CAMP or Village
City ASH FORK HIGHWAY No. St. 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 ...yrs. ...mos. ...ds. How long in U. S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME HOWARD ORVIL POST
(a) Residence: No. TUCSON ARIZ. St., 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): MARRIED
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: TRESSIE M. POST
6. DATE OF BIRTH (month, day, and year): JUNE 30-1875
7. AGE: Years 57 | Months 4 | Days 22 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: TRUCK DRIVER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): at death
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (state or country): TUCSON ARIZ.

FATHER
13. NAME: JOHN M. POST
14. BIRTHPLACE (city or town) (State or country): UNKNOWN NEW YORK

MOTHER
15. MAIDEN NAME: ALICE PARKER
16. BIRTHPLACE (city or town) (State or country): UNKNOWN NEW YORK

17. INFORMANT: CORONER
(Address): PRESCOTT ARIZ.
18. BURIAL, CREMATION, OR REMOVAL
Place TUCSON ARIZ. Date NOV. 22 1932
19. UNDERTAKER: Leslie Rentner
(Address): PRESCOTT ARIZ.
20. Filed 11/22, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): NOV. 21-1932
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

Crushed about chest, caused by dump body of truck falling on deceased

Date of Onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accid. Date of injury 11/21, 1932
Where did injury occur? county
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. industry
Manner of injury fell about
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify
(Signed) Chas H McLane, M. D.
(Address) PRESCOTT ARIZ. Coroner

25M 5-1-31 MR-43289