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

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

State File No. 222  
Registered No. 73

1. PLACE OF DEATH  
County Maricopa State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Mesa 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 15 yrs. --- mos. --- ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ ds. \_\_\_\_\_  
How long in state when death occurred? 15 yrs. --- mos. --- ds.

2. FULL NAME Rufus Monroe Hathcock  
(a) Residence: No. Lehi Dist. Mesa, Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>	
6. If married, widowed, or divorced HUSBAND of <u>Eliza Jane Hathcock</u> (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>May 18, 1856</u>			
7. AGE	Years	Months	Days
	<u>77</u>	---	<u>5</u>
			If LESS than 1 day, --- hrs. or --- min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own farm</u>		
	10. Date deceased last worked at this occupation (month and year) <u>March 1, 1933</u>		
		11. Total time (years) spent in this occupation <u>66</u>	
12. BIRTHPLACE (city or town) <u>Stanley Co.</u> (state or country) <u>North Carolina</u>			
MOTHER	13. NAME <u>Lloyd Hathcock</u>		
	14. BIRTHPLACE (city or town) <u>Stanley County</u> (State or country) <u>North Carolina</u>		
	15. MAIDEN NAME <u>Mary Hathcock</u>		
FATHER	16. BIRTHPLACE (city or town) <u>Stanley county</u> (State or country) <u>North Carolina</u>		
	17. INFORMANT <u>Mrs. Eliza Jane Hathcock</u> (Address) <u>Mesa, Arizona</u>		
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa, Arizona</u> Date <u>May 26, 1933</u>		
19. UNDERTAKER <u>Maldrum Mortuary</u> (Address) <u>Mesa, Arizona</u>			
20. Filed <u>May 30, 1933</u> <u>J. M. Maldrum</u> Registrar			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>May 23, 1933</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>5-21-33</u> , 19___, to <u>5-20-33</u> , 19___	
I last saw him alive on <u>5-20-33</u> , 19___; death is said to have occurred on the date stated above, at <u>7:45 A. M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Cor. of R.P. &amp; Metastatic Involvement</u>	
Date of Onset <u>1928</u>	
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? _____ 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.	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify <u>Melancholia</u> M. D.	
(Signed) _____ (Address) <u>Mesa, Ariz.</u>	

Back of Certificate to be used for any additional information