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PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 136

Registered No. 150

1. PLACE OF DEATH

County MARICOPA State Arizona ARIZONA or

Township or Village St. Ward

City MESA No. (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 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

How long in state when death occurred 13 yrs. mos. ds.

2. FULL NAME HEBER L. ROWLEY

(a) Residence: No. MESA ARIZONA St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) JUNE 18, 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	4	19	

OCCUPATION

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

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) NOV. 1933

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (state or country) TUCSON ARIZONA

FATHER

13. NAME J. N. ROWLEY

14. BIRTHPLACE (city or town) (State or country) BEPHI UTAH

MOTHER

15. MAIDEN NAME MARTHA HAWS

16. BIRTHPLACE (city or town) (State or country) MEXICO

17. INFORMANT J. N. ROWLEY (Address) MESA ARIZONA

18. BURIAL, CREMATION, OR REMOVAL Place MESA ARIZONA Date 11/9/ 19 33

19. UNDERTAKER MELDRUM MORTUARY (Address) MESA ARIZONA

20. Filed Nov. 8 1933 Geo Meldrum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) NOV. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1933, to Nov 7 1933

I last saw him alive on Nov 7 1933; death is said to have occurred on the date stated above, at 9.30 A. M.

The principal cause of death and related causes of importance were as follows: Fractured Skull Thirty minutes as a result Hit while stooping from the hind foot of a horse

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? Accident Date of injury 11-7, 1933

Where did injury occur? Mesa Arizona (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hit by foot of horse

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leo C. Truman, M. D.

(Address) Mesa Arizona

Back of Certificate to be used for any additional Information

5M 2-2-33 MS-47971