

2847

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

1. PLACE OF DEATH Yavapai State Arizona. County Yavapai or Village. Township Prescott City Prescott No. 223-4 Registered No. 223-4 Length of residence in city or town where death occurred 7 yrs. 1 mos. 7 da. How long in U.S. if of foreign birth? In State 26 years.

2. FULL NAME Robert A. Higgins (a) Residence: No. 1202 North Drive City Prescott St. Ward. (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 Mrs. Juliette Higgins (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 3, 1876.

7. AGE Years 57 Months 1 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage 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) 1933 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) Unknown (state or country) North Carolina

13. NAME --- Higgins

14. BIRTHPLACE (city or town) Unknown (State or country) North Carolina

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Juliette Higgins (Address) Prescott, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Mt. View Cemetery Date Nov. 19, 1933

19. UNDERTAKER Lester Ruffner (Address) Prescott, Arizona.

20. Registrar 223-4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 15, 1933

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933 to Nov 15, 1933. First saw him alive on Nov 15, 1933 death is said to have occurred on the date stated above, at 2 P. M.

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

Other contributory causes of importance: Alcoholism

Name of operation Date of operation. What test confirmed? 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 1933

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? No

If so, specify (Signed) A. H. Ramsey, M. D. (Address) Prescott, Arizona.

classified. Exact statement of OCCUPATION is very important.

Back of Certificate to be used for any additional information