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MARGIN RESERVED FOR BINDING  
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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS **316**

1. PLACE OF DEATH  
 County Pima State ARIZONA State File No. 496  
 Township Tucson or Village \_\_\_\_\_  
 City Tucson No. St Mary Hospital 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 9 yrs. 6 mos. ✓ ds. How long in U. S. if of foreign birth ✓ yrs. ✓ mos. ✓ ds.

2. FULL NAME Wm. Rollins How long in State when death occurred? 5 yrs. ✓ mos. ✓ ds.  
 (a) Residence: No. Emory Park St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>			21. DATE OF DEATH (month, day, and year) <u>June 27, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ida Rollins</u>				22. I HEREBY CERTIFY That I attended deceased from <u>6-27</u> , 19 <u>34</u> to <u>6-27</u> , 19 <u>34</u>	I last saw h. <u>live</u> on <u>6-27</u> , 19 <u>34</u> death is said to have occurred on the date stated above, at <u>6</u> p.m.	
6. DATE OF BIRTH (month, day, and year) <u>Aug. 30, 1866</u>					The principal cause of death and related causes of importance were as follows:	
7. AGE		Years <u>67</u>	Months <u>10</u>	Days <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>				Crushing injury of chest 6 ribs broken	
	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)					
11. Total time (years) spent in this occupation				Other contributory causes of importance <u>auto. mobile accident</u>		
12. BIRTHPLACE (city or town) (state or country) <u>Utah</u>						
FATHER	13. NAME <u>John Rollins</u>					
	14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
	15. MAIDEN NAME <u>Nancy M. West</u>					
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>					
	17. INFORMANT <u>Ervin E. Rollins</u> (Address) <u>Box 413 Pico Calif.</u>					
18. BURIAL, CREMATION, OR REMOVAL						
Place <u>Safford Ariz.</u> Date <u>7-1</u> , 19 <u>34</u>						
19. UNDERTAKER <u>Ridley Undertaking Co</u> (Address) <u>in care of _____</u>						
20. Filed <u>6-30</u> , 19 <u>34</u> Registrar <u>Terrell W. Howard</u> (Address) <u>Tucson Ariz.</u>						

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide no Date of injury 6/27, 1934  
 Where did injury occur? Beason Ariz (Specify city or town, county and State)  
 Specify whether injury occurred in industry, on home, or in public place. Public Place  
 Manner of injury auto  
 Nature of injury Crushing injury chest  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) meade D. Byrne M. D.  
 (Address) Tucson Ariz.

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