

1898

Harper

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.

Arizona State Board of Health

STATE FILE NO. 094

1. PLACE OF DEATH

STANDARD CERTIFICATE OF DEATH BUREAU OF VITAL STATISTICS ARIZONA REGISTERED NO. 26  
COUNTY Gila STATE ARIZONA OR  
TOWNSHIP Globe OR VILLAGE  
CITY NO. 989 N. East Street ST. WARD

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 45 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.  
HOW LONG IN STATE WHEN DEATH OCCURRED? 48 YRS. MOS. DS.

2. FULL NAME Wm. Franklin Rawlings  
(A) RESIDENCE: NO. 989 N. East Street ST. WARD (IF NON-RESIDENT 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1863

7. AGE YEARS 72 MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Peace Officer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. retired 17 Yrs.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas

13. NAME Hinchey Armsted Rawlings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Miss.

15. MAIDEN NAME Mary Elizabeth New

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Alabama

17. INFORMANT (ADDRESS) Mrs. Lois Rawlings Greer Globe Arizona.

18. BURIAL, CREMATION, OR REMOVAL PLACE Globe Cemetery DATE 3/31/35

19. EMBALMER (LICENSE NO. 181-A) SIGNATURE [Signature] FUNERAL DIRECTOR License #10- [Signature] ADDRESS Globe Arizona.

20. FILED [Signature] 1935 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1935

22. HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM March 20, 1935, TO March 28, 1935

I LAST SAW HIM ALIVE ON March 28, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:05 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Lobar Pneumonia DATE OF ONSET March 20, 1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Arterio-sclerosis & Chronic Nephritis About 1925

NAME OF OPERATION DATE OF OPERATION none

WHAT TEST CONFIRMED DIAGNOSIS Examination WAS THERE AN AUTOPSY? no

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? no

IF SO, SPECIFY (SIGNED) T.C. Harper M. D. (ADDRESS) Globe, Arizona