

9282

101

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS STATE FILE NO. 101

1. PLACE OF DEATH
 COUNTY Graham STATE ARIZONA REGISTERED NO. 71
 TOWNSHIP _____ OR VILLAGE _____ OR _____
 CITY Safford, Ariz NO. _____ ST. _____ WARD _____
 LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE US NAME AND NUMBER) _____

2. FULL NAME Robert Wm. Hundley HOW LONG IN STATE WHERE DEATH OCCURRED? 4 1/2 YRS. MOS. DS.
 (A) RESIDENCE: NO. Safford Ariz ST. _____ WAR. _____ (GIVE CITY, 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 (OR) WIFE OF Lena Hundley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1890

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.
45 8 24

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

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) June 13-36 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 3 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Prima Arizona

13. NAME Thomas W. Hundley

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

15. MAIDEN NAME Caroline Haws

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

17. INFORMANT (ADDRESS) Joe Hundley Safford, Ariz

18. BURIAL, CREMATION, OR REMOVAL PLACE Prima DATE June 13, 1936

19. EMBALMER (LICENSE NO. 1146) SIGNATURE _____ FUNERAL DIRECTOR H. C. Rawson ADDRESS _____

20. FILED July 4, 1936 REGISTRAR (ADDRESS) Prima, Ariz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 11, 1936 TO June 11, 1936
 I LAST SAW HIM ALIVE ON June 11, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7 P. M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: cerebral hemorrhage due to a fall DATE OF ONSET June 11

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 DATE OF INJURY 6-11-36
 ACCIDENT, SUICIDE, OR HOMICIDE? _____
 WHERE DID INJURY OCCUR? at or near home (SPECIFY CITY OR TOWN, COUNTY AND STATE)
Graham Co. Arizona
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE river bottom near
Prima, Arizona
 MANNER OF INJURY and struck by a log
 NATURE OF INJURY head injury due to falling
 24. WAS DISEASE OR INJURY DIRECTLY RELATED TO OCCUPATION PER DECEASED? _____
 IF SO, SPECIFY (SIGNED) F. W. Dull M. D.
 (ADDRESS) Safford, Ariz

FORM 1-25-36 FORM 2-30-36 RAN

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.