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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      STATE FILE NO. **96**

1. PLACE OF DEATH  
 COUNTY Yavapai STATE ARIZONA REGISTERED NO. 123  
 TOWNSHIP Flagstaff OR VILLAGE \_\_\_\_\_  
 CITY Flagstaff NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_

(1) DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 6 YRS. 0 MOS. 0 DS. ROW LONG IN \_\_\_\_\_ YRS. 0 MOS. 0 DS.  
 2. FULL NAME Henry David Colman HOW LONG IN STATE WHEN DEATH OCCURRED 17 YRS. 0 MOS. 0 DS.  
 (A) RESIDENCE: NO. Safford, Arizona ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lorrah Ann Colman (Deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13, 1850</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>10</u>
	DAYS <u>6</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>none</u>	
	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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Collinswood, Utah</u>		
FATHER	13. NAME <u>unk.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unk.</u>	
MOTHER	15. MAIDEN NAME <u>unk.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unk.</u>	
17. INFORMANT (ADDRESS) <u>Clara Higgins, Safford, Ariz.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edison, Ariz.</u> DATE <u>Oct 7, 1936</u>		
19. EMBALMER { LICENSE NO. _____ SIGNATURE <u>W.C. Parsons</u> FUNERAL DIRECTOR ADDRESS <u>Safford, Arizona</u>		
20. FILED <u>Nov 4, 1936</u> REGISTRAR (ADDRESS) <u>Flagstaff, Ariz.</u>		

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Oct 5, 1936 TO Oct 6, 1936  
 I LAST SAW HIM LIVE ON Oct 5, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Coronary atherosclerosis, angina pectoris

DATE OF ONSET \_\_\_\_\_

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical WAS THERE AN AUTOPSY? \_\_\_\_\_

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? \_\_\_\_\_  
 IF SO, SPECIFY \_\_\_\_\_ (SIGNED) F.W. Bullen, M.D. (ADDRESS) Safford, Ariz.

10M-11-22-34-REP-GAZ PRINTER—FORM 3      BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION