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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. _____

ARIZONA _____ Registered No. 868

1. PLACE OF DEATH

County Pima State _____

Township _____ or Village _____ Ward _____

City Tucson No. Southern Methodist Hospital
(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 [illegible] How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

How long in State when death occurred? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Rhoda Proffitt

(a) Residence: No. Pomerene, Arizona St., _____ Ward _____ (If non-resident give city or town and state)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: John T. Proffitt

6. DATE OF BIRTH (month, day, and year): 3/13/1885

7. AGE: Years 52 | Months 6 | Days 19 | If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Benson, Schools

10. Date deceased last worked at this occupation (month and year): 10/1/37

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or Country): Benson, Arizona

FATHER

13. NAME: John M. Highbee

14. BIRTHPLACE (city or town) (State or Country): England

MOTHER

15. MAIDEN NAME: Eunice Cattell

16. BIRTHPLACE (city or town) (State or Country): England

17. INFORMANT (Address): John T. Proffitt, Benson, Arizona

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: St. David, Ariz. Date: 10/4, 1937

19. EMBALMER: License No. 164
Signature: W. J. Hammond

FUNERAL DIRECTOR: Alvin Bring 37 A.
Address: Tucson, Arizona

20. Filed: 10-4-37, 19_____ [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 10-2-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Seen After Death, 19____

I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above, at 7:30A. m.

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

| | Date of Onset |
|---|---|
| Fractured Skull and Crushed Chest | 10-2-37 |

Other contributory causes of importance:

| | |
|---|---|
| Auto Accident | 10-2-37 |

Name of operation: None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-2-37
Where did injury occur? Tucson, Pima, Co. Ariz.
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway # 80
Manner of injury: Auto Accident
Nature of injury: Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) D. G. Chalmers, Jr. M. D.
(Address) Tucson, Pima, Co., Arizona

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information