9035

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. 487

1. PLACE OF DEATH

County Yuma State ARIZONA Registered No. 15

Township or Village

City Parker No. St. 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 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds

2. FULL NAME Berkley Moses Fuqua How long in State when death occurred? yrs. mos. ds

(a) Residence: No. Parker Arizona Ward. (If non-resident give city or town and state)

(Usual place of abode)

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 Carrie Bates

6. DATE OF BIRTH (month, day, and year) Aug 17, 1861

7. AGE 76 Years Months 11 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or Country) Bedford City Virginia

FATHER

13. NAME Granville Fuqua

14. BIRTHPLACE (city or town) (State or Country) Unknown

MOTHER

15. MAIDEN NAME Hancock

16. BIRTHPLACE (city or town) (State or Country) Unknown

17. INFORMANT (Address) Granville Fuqua Parker, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Parker Date July 26 1938

19. EMBALMER License No. 188-A Signature H L Coffinger

FUNERAL DIRECTOR H L Coffinger

Address Wickenburg Ariz

20. Filed 7/26/38 19 J. B. Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/21/38, 19 to 7/25/38, 19

I last saw him alive on 7/25/38; death is said to have occurred on the date stated above, at 10 A.m.

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

	Date of Onset
Heart failure (Angina Pectoris)	1936

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, 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) Gould Wells, M. D.

(Address) Parker Arizona

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information