2852

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

ARIZONA

State File No. 383

Registered No. 32

1. PLACE OF DEATH
County Pima State
Township or Village or
City Ajo No. Phelps Dodge Hospital, Ajo, Ariz 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 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank B. Bowen How long in State when death occurred? Not Known ds.
(a) Residence: No. Ajo, Ariz St., 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) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day, and year) not known
7. AGE Years 78 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. copper Mine
10. Date deceased last worked at this occupation (month and year) 11/1/31
11. Total time (years) spent in this occupation 14 yrs
12. BIRTHPLACE (city or town) (State or Country) St Louis, Mo

FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or Country) not Known

MOTHER
15. MAIDEN NAME not Known
16. BIRTHPLACE (city or town) (State or Country) not Known

17. INFORMANT (Address) L. K. Davis Ajo, Ariz
18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ajo Ariz Date 11/27, 1938
19. EMBALMER License No. 2174
Signature W. T. Lyons
FUNERAL DIRECTOR W. T. Lyons
Address Ajo Ariz.
20. Filed Nov 26, 1938 Lois S. Whiteley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/25, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1938, to Nov 25, 1938
I last saw him alive on Nov 24, 1938; death is said to have occurred on the date stated above, at 3 A m.

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

	Date of Onset
Cardio Vascular Renal Disease	
Cystitis	
Terminal Pneumonia	
Senility	

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? No 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) Howard J. Ohl M. D.
(Address) Ajo Ariz

10M—6-12-36—MS—Form 3—100% RAG Back of Certificate to be used for any Additional Information