

9299

SOCIAL SECURITY NO. none

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 161

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Maricopa State ARIZONA Registered No. _____
 Township _____ or Village _____ or _____
 City Wickenburg 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 18 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 18 yrs. 0 mos. 0 ds.
 2. FULL NAME George R. Rhoades How long in State when death occurred 10 yrs. 0 mos. 0 ds.
 (a) Residence: Wickenburg (Usual place of abode) (If non-resident give city or town and state)

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 _____
 6. DATE OF BIRTH (month, day, and year) Sept 16 1872
 7. AGE Years 68 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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. Electrician
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Madison Co. Iowa
 (State or Country)

13. NAME Robert King
 14. BIRTHPLACE (city or town) unknown
 (State or Country)

15. MAIDEN NAME Rhoades Rhoades
 16. BIRTHPLACE (city or town) Bloomington Ill.
 (State or Country)

17. INFORMANT Personal Papers
 (Address)

18. BURIAL, CREMATION, OR REMOVAL Burial
 Place Wickenburg Date 2/13/40

19. EMBALMER { License No. 188-17
 Signature J. L. Coffinger
 FUNERAL DIRECTOR J. L. Coffinger
 Address Wickenburg

20. Filed 2/13/40, 1940 Registrar Thomas M. Coffinger (Address) Wickenburg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/11/40

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

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

Ground burned to death in cabin after fire.

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: acc Date of injury 2-11-40
 Accident, suicide, or homicide? _____
 Where did injury occur? Wickenburg Ariz
 (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Home
 Manner of injury House caught on fire

Nature of injury fire

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Bob Sterns (Carroll)
 (Signed) _____ (Address) Wickenburg

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.