9785

SOCIAL SECURITY NO. None 115

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No.

1. PLACE OF DEATH

County Graham State ARIZONA Registered No. 34

Township or Village Pima or

City 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 56 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. David Haynie How long in State when death occurred? 56 yrs. mos. ds.

(a) Residence: Pima Ariz. (Usual place of abode) (If non-resident give city or town and state)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Evergreen Haynie

6. DATE OF BIRTH (month, day, and year): Sept 18-1851

7. AGE: Years 88 Months 6 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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 Country): Ga.

FATHER

13. NAME: Robert Haynie

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

MOTHER

15. MAIDEN NAME: Emilie Hall

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

17. INFORMANT (Address): G. J. Haynie Pima Ariz.

18. BURIAL, CREMATION, OR REMOVAL

Place: Pima Ariz. Date: Mar 30 1940

19. EMBALMER { License No. Signature

FUNERAL DIRECTOR: W. C. Rawson

Address: Safford, Ariz.

20. Filed: April 9, 1940 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar 29 1940

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1940 to March 29, 1940

I last saw him alive on March 29, 1940; death is said to have occurred on the date stated above, at 9 P. m.

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

	Date of Onset
Uremia	March 26

Other contributory causes of importance:

1. Hypertrophy Prostate	Unk.
2. Diabetes	Unk.

Name of operation: None Date of

What test confirmed diagnosis: Lab Was there an autopsy? No

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? No

If so, specify

(Signed) [signature] M. D.

(Address) 1/8 Central - Safford, Ariz.

10M—5-25-39 A.P. Form 3/100 Rag Back of Certificate to be used for any Additional Information

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.