2677

SOCIAL SECURITY NO. None

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. .....

1. PLACE OF DEATH

County Pinal State ARIZONA Registered No. 21

Township ..... or Village ..... or

City Florence Pinal No. County Hospital 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 23 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

How long in State when death occurred 23 yrs. ..... mos. ..... ds.

2. FULL NAME William Lee Wootan

(a) Residence: Florence, Arizona. (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) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lila Wootan

6. DATE OF BIRTH (month, day, and year) Jan. 6, 1878

7. AGE Years 62 Months 3 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Texas

FATHER

13. NAME William E. Wootan

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

MOTHER

15. MAIDEN NAME Sarah Elizabeth Hickman

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

17. INFORMANT (Address) Mrs. James Davis Florence, Arizona.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Removal

Place Wilcox, Arizona. Date Apr. 13, 1940

19. EMBALMER License No. 209-A Signature Dalton H. Cole

FUNERAL DIRECTOR Martin Mortuary

Address Florence, Arizona.

20. Filed April 13, 1940 D. O. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-12-40, 19....., to 4-12-40, 19.....

I last saw him alive on 4-12-40, 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: Coronary Thrombosis

Date of Onset

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) [illegible] D.

(Address) [illegible]

Back of Certificate to be used for any Additional Information

10M—5-25-39 A.P. Form 3 100% Rag

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.