ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 382
Registrar's No. 70

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Mohave (b) City or Town Kingman (If outside city limits write RURAL) (c) Location Mohave General Hospital (St. & No. (or) Name of Institution) County Farm
(d) Length of Stay: In Hospital or Institution 27 Days (Specify whether years, months or days); In Community 35 yrs.; In Arizona 35 yrs.

2. Usual Residence of Deceased: (a) State Ariz; (b) County Mohave; (c) City or Town Oatman (If outside city limits write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Benjman Fyhr (b) If veteran name war (c) Social Security No. 527-16-1189 (If NONE write the word) None

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Widowed

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife, if alive No Record yrs.

7. Birthdate of deceased Jan (Month) 16 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
68	11	4	hrs. min.

9. Birthplace Philadelphia (City, town or county) Pa. (State or Country)
10. Usual Occupation Miner
11. Industry or Business
Father: 12. Name Benjaman Fyhr; 13. Birthplace Philadelphia (City, town or county) Pa (State or Country)
Mother: 14. Maiden Name Martha Johnson; 15. Birthplace England (City, town or county) (State or Country)
16. (a) Informant's own signature Hospital Rec.; (b) Address Kingman Ariz
17. (a) Burial, Cremation or Removal Burial; (b) Place Kingman; (c) Date Dec 23 1940
18. (a) Embalmer's Signature [illegible]; (b) Funeral Director Van Marter Mortuary 64A; (c) Address Kingman Ariz
19. (a) Dec 20-1940 (Date received local Registrar); (b) Annette H. Russell (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-20, 1940; TIME (Hour and minute) 8:00 A M.
21. I hereby certify that I attended the deceased from 9-17, 1940 to 12-20, 1940; that I last saw him alive on 12-19, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Carcinoma of Stomach	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] M.D. Date signed 12-20-40
Address Kingman Ariz

5M 100% Rag 5-17-40