1907

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 197
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (If outside city limits also write RURAL) (c) Location Wickenburg Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 10 days In Community 10 days (Specify whether years, months or days); In Arizona 9 months

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Vulture Mine (If outside city limits also write RURAL)

(d) Street No.; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Le Roy Corbell Nichols (b) If veteran name war (c) Social Security No. (If NONE write the word)

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

6. (b) Name of husband or wife | 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased April (Month) 9 (Day) 1941 (Year)

8. AGE: Years | Months: 3 | Days: 4 | If less than one day hrs. min.

9. Birthplace Wickenburg Arizona (City, town or county) (State or Country)

10. Usual Occupation Baby

11. Industry or Business

Father
12. Name John R. Nichols
13. Birthplace Nava Ariz. (City, town or county) (State or Country)

Mother
14. Maiden Name Dorothy L. Abrams
15. Birthplace Ingalls Kan. (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs J. R. Nichols
(b) Address Vulture Mine Wickenburg Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Near Hillside Ariz. Date July 14 19 41

18. (a) Embalmer's Signature N L Coffinger
(b) Funeral Director Family
(c) Address Wickenburg Ariz.

19. (a) 7/14/41 (Date received local Registrar)
(b) Naomi M. Coffinger (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 7/13/41, 19; TIME (Hour and minute) 6.30 A. M.

21. I hereby certify that I attended the deceased from 7/4/41, 19 to 7/13/41, 19; that I last saw him alive on 7/12/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction
Due to Dehydration from Sore Throat + Vomiting
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No autopsy. Impossible to determine cause of obstruction

DURATION
3 days
1 Week

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 Floyd B Gallian M. D.
Address Wickenburg Date signed 7/14/41