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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. 54

1. Place of Death: (a) County Mohave (b) City or Town Kingman (c) Location Mohave General Hospi
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 80 Days; In Community 25 Yrs; In Arizona 25 Yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town Kingman
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Walter Skillman Baker (b) If veteran name war. NO (c) Social Security No. NO
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife Emma Baker 6. (c) Age of husband or wife, if alive 72 yrs.
7. Birthdate of deceased November 7 1863
(Month) (Day) (Year)
8. AGE: Years 77 Months 9 Days 12 If less than one day hrs. _____ min. _____
9. Birthplace Clinton Iowa
(City, town or county) (State or Country)
10. Usual Occupation Retired. Rail Road Pumper.
11. Industry or Business Railroad.
12. Name James Baker
13. Birthplace Covurg Canada
(City, town or county) (State or Country)
14. Maiden Name Julia Miller
15. Birthplace Schalers Vill Ohio
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Records.
(b) Address Kingman Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Kingman (c) Date Aug 21 1941
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director [Signature]
(c) Address Kingman Arizona

19. (a) August 21 1941
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

6M 100% Reg 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 8/19/ 1941
TIME (Hour and minute) 10:45 P. M.
21. I hereby certify that I attended the deceased from 2/15/ 1937 to 8/19/ 1941
that I last saw h. inv. alive on 8/19/ 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic nephritis.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION
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 [Signature] M. D.
Address 457 Beal St. Kingman, Ariz. Date signed 8/21/41