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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. 2112

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

(d) Length of Stay: In Hospital or Institution ..... ; In Community 15 years ; In Arizona Lifetime 61 yrs.
(Specify whether years, months or days)

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

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

3. (a) FULL NAME Laron Lionel Bates (b) If veteran name war None (c) Social Security No. None
(If NONE write the word)

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

6. (b) Name of husband or wife: Lucy Bates
6. (c) Age of husband or wife, if alive 54 yrs.

7. Birthdate of deceased February (Month) 1, (Day) 1880 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 9 | 27 | hrs. ..... min. ..... |

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

10. Usual Occupation Farmer

11. Industry or Business .....

Father
12. Name Orville E. Bates
13. Birthplace Unknown, (City, town or county) Unknown (State or Country)

Mother
14. Maiden Name Sarah E. Wakefield
15. Birthplace Unknown, (City, town or county) Iowa (State or Country)

16. (a) Informant's own signature Theodore Bates
(b) Address Prescott, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Chino Valley (c) Date Nov. 30 1941

18. (a) Embalmer's Signature Dan Thompson
(b) Funeral Director C. E. Hunter
(c) Address Prescott, Arizona.

19. (a) Dec 2, 1941 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9/23/40

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 28, 1941 ;
TIME (Hour and minute) 5:00 P. M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19..... ;
that I last saw h..... alive on ....., 19..... ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Natural Causes

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? on farm, home, (Specify type of place)
While at work? yes (e) Means of injury none

23. Signature [signature] Coroner M.D.
Address Prescott, Arizona Date signed 12-1-41