

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 102
Registrar's No. 15

1. Place of Death: (a) County Maricopa (b) City or Town Tempe Rural (c) Location Tempe Rural
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 2 yrs; In Arizona 2 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Tempe R.
(If outside city limits also write RURAL)
(d) Street No. 3 mi. E. of Tempe; (e) If foreign born in U. S. A. _____ yrs.
3. (a) FULL NAME David Henry Colvin (b) If veteran _____ (c) Social Security No. 7
name war _____ (If NONE write the word)

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed married
or wife _____

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

7. Birthdate of deceased Dec. 16, 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 17 If less than one day
hrs. _____ min. _____

9. Birthplace Payson City, Utah
(City, town or county) (State or Country)

10. Usual Occupation farm laborer

11. Industry or Business _____

Father { 12. Name Henry D. Colvin
13. Birthplace Utah
(City, town or county) (State or Country)

Mother { 14. Maiden Name Sarah Ann Mikesell
15. Birthplace Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature May Colvin
(b) Address Tempe, Ariz.

17. (a) Burial, Cremation or Removal removal
(b) Place Eden, Ariz. (c) Date Apr. 5, 19 42

18. (a) Embalmer's Signature E. Carr
(b) Funeral Director Carr Mortuary
(c) Address Tempe, Ariz.

19. (a) 4-4-42
(Date received local Registrar)
(b) Miss B. Brown
(Registrar's Signature) J.C.

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Apr. 3, 19 42
TIME (Hour and minute) 3:30 P.M. M.

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

Immediate cause of death _____
Probable Coronary Occlusion
Due to dead suddenly without
medical attention.
Due to seen by G. office coroner
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 J. B. Brown M. D.
Address Tempe, Ariz. Date signed 4/4/42