

2326

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 33

Registrar's No. 87

1. Place of Death: (a) County Cochise (b) City or Town Ft. Huachuca (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 11 Months; in Arizona 10 Years
(Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (yes or No) No
If Yes, which country None (If NONE write the word)

3. (a) FULL NAME Daniel Edwin Bass (b) If Veteran name war 168 Social Security No. _____

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

6. (b) Name of husband or wife Dora E. Larramore 6. (c) Age of husband or wife, if alive 47 yrs.

7. Birthdate of deceased April 5, 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 4 If less than one day hrs. _____ min. _____

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

10. Usual Occupation Business Man

11. Industry or Business Bowling Alley

12. Name William Edwin Bass

13. Birthplace Miss.
(City, town or county) (State or Country)

14. Maiden Name Susan I. Chisum

15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Irene Goats

(b) Address Anamas, New Mexico

17. (a) Burial, Cremation or Removal Removal

(b) Place Cloverdale, Ariz. Date 8/11/1942

18. (a) Embalmer's Signature J.C. Hubbard

(b) Funeral Director James Allison

(c) Address Bisbee, Arizona

19. (a) August 11, 1942
(Date received local Registrar)

(b) oo moon
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 9, 19 42;
TIME (Hour and minute) Between 12:30 & 8:30 A. M.

21. I hereby certify that I attended the deceased from _____, 19 _____ to _____, 19 _____;
that I last saw him DEAD on August 9, 1942, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck several blows on head with Bowling Pin causing multiple Fractures of the Skull

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Homicide

(b) Date of occurrence August 9, 1942

(c) Where did injury occur? Ft. Huachuca Cochise Ariz.
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Bowling Alley Pin
(Specify type of place)

While at work? No (e) Means of injury Struck with Bowling

23. Signature H.T. Frayer Carson

Address Bisbee, Arizona Date signed AUG 11 1942

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically