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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. _____

Registrar's No. 90.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Gila (b) City or Town near Globe (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) In Ambulance to Globe
(d) Length of Stay: In Hospital or Institution _____; In Community (Specify whether years, months or days) enroute; In Arizona 35 yrs.

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town (If outside city limits also write RURAL) Payson
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Benjamin Franklin Butler (b) If veteran name war No (c) Social Security No. None (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased: June (Month) 14 (Day) 1862 (Year)
8. AGE: Years 80 Months 2 Days 6 If less than one day hrs. _____ min. _____
9. Birthplace: Hillsborough, (City, town or county) Oregon (State or Country)
10. Usual Occupation: Prospector & Cowboy
11. Industry or Business: _____

Father
12. Name: No record
13. Birthplace: No record (City, town or county) (State or Country)

Mother
14. Maiden Name: No record
15. Birthplace: No record (City, town or county) (State or Country)

16. (a) Informant's own signature: Social Sec. Records
(b) Address: Globe, Arizona

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Globe, Ariz. (c) Date 8/25/42, 19

18. (a) Embalmer's Signature: Fred H. Jones
(b) Funeral Director: Fred H. Jones
(c) Address: Globe, Arizona

19. (a) Sept. 4-42. (Date received local Registrar)
(b) Irene Manelle (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 20, 19 42;
TIME (Hour and minute) About 7 PM M.

21. I hereby certify that I attended the deceased from June 1, 1942, 19 _____ to June 26, 19 42;
that I last saw him alive on June 26, 19 42;
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease
Due to: Generalized Arteriosclerosis 10 yrs
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 A. E. Clark M. D.
Address Globe Arizona Date signed 9-2-1942