ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 201
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Rural (If outside city limits also write RURAL) (c) Location En-Route to Capital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 2 mo. ; In Arizona 7 yrs (Specify whether years, months or days)

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

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

3. (a) FULL NAME Charles Arnold Elms (b) If veteran name war (c) Social Security No. (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Aug. 22 1933 (Month) (Day) (Year)

8. AGE: Years 9 | Months | Days 22 | If less than one day hrs. min.

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

10. Usual Occupation School Child

11. Industry or Business

Father
12. Name Arnold Lacey Elms
13. Birthplace Lincoln Ark. (City, town or county) (State or Country)

Mother
14. Maiden Name Aleah Pearl Black
15. Birthplace Washburn Mo. (City, town or county) (State or Country)

16. (a) Informant's own signature Mr C. A. Elms
(b) Address Vulture Mine Wickenburg Arizona

17. (a) Burial, Cremation or Removal Removal Tempe Ariz
(b) Place ~~Long Beach Cal.~~ Tempe Ariz (c) Date 10/17/42, 19

18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H. L. Coffinger
(c) Address Wickenburg Arizona

19. (a) 10/17/42 (Date received local Registrar)
(b) Naomi M. Coffinger (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 10/14/42, 19 ;
TIME (Hour and minute) 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

Due to Skull Fracture

Due to Child was riding bicycle saw moving truck coming toward him, but

Other conditions could not stop, was run over
(Include pregnancy within 3 months of death) by truck

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) Accident
(b) Date of occurrence 10-14-42
(c) Where did injury occur? Wickenburg, Arizona (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Road at Vulture Mine (Specify type of place)
While at work? (e) Means of injury above

23. Signature Bob C. Stone Coroner M.D.
Address Wickenburg, Ariz. Date signed 10/17/42