STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 97

Registrar's No. 32.

1. Place of Death: (a) County Gila (b) City or Town Globe (If outside city limits also write RURAL) (c) Location Cor. Yuma & Broad St. (St. & No. (or) Name of Institution)

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

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

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

3. (a) FULL NAME William Ernest Deakin (b) If veteran name war No (c) Social Security No. (If NONE write the word)

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

6. (b) Name of husband or wife: Amelia Hawkinson Deakin, Deceased

6. (c) Age of husband or wife yrs.

7. Birthdate of deceased Dec. 26th (Month) (Day) 1877 (Year)

8. AGE; Years	Months	Days	If less than one day
65	2	19	hrs. min.

9. Birthplace Eureka, Humboldt Co., Calif. (City, town or county) (State or Country)

10. Usual Occupation Miner

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 Fred H. Jones
(b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe, Ariz. (c) Date 3/16/43 19

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

19. (a) March 17 - 43. (Date received local Registrar)
(b) Irene Wheeler (Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 15th 1943 ;
TIME (Hour and minute) A 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 suicide from strangulation, from hanging by a rope

Due to

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) suicide
(b) Date of occurrence 3-15-43
(c) Where did injury occur? Globe (City or Town) Gila (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury Above

23. Signature [illegible] coroner MCDX
Address Box 811 Globe, Ariz. Date signed 3-17-43