8035

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 545
Registrar's No. 238 C

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location County Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 days; In Community 9 Years (Specify whether years, months or days); in Arizona 9 Years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott (If outside city limits also write RURAL)
(d) Street No. 611 Miller St.; (e) Citizen of foreign country (yes or No) no
If Yes, which country
(b) If Veteran name war [illegible] (c) Social Security No. no

3. (a) FULL NAME Charles F. Johnson

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

6. (b) Name of husband or wife Mrs. Lida Johnson | 6. (c) Age of husband or wife, if alive 70 yrs.

7. Birthdate of deceased Nov. (Month) 14, (Day) 1873. (Year)

8. AGE: Years 70 | Months 0 | Days 14 | If less than one day hrs. min.

9. Birthplace Hillsdale Co. (City, town or county) Mich. (State or Country)

10. Usual Occupation Farmer

11. Industry or Business

Father: 12. Name Edwin Johnson
13. Birthplace (City, town or county) Mich. (State or Country)

Mother: 14. Maiden Name Catherine Beagle
15. Birthplace (City, town or county) Mich. (State or Country)

16. (a) Informant's own signature Mrs. Lida Johnson
(b) Address Prescott, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott, Ariz (c) Date Dec. 1, 1943

18. (a) Embalmer's Signature C. A. Amberg
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona.

19. (a) Dec 2, 1943 (Date received local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 28, 1943;
TIME (Hour and minute) 12:10 a M.

21. I hereby certify that I attended the deceased from Nov 22, 1943 to Nov 28, 1943; that I last saw him alive on Nov 27, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION: 6 days

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 R. M. Rooney M. D.
Address Prescott, Arizona Date signed Dec. 1, 1943

20M 100% Rag 8-42 B. Co.

County File No. Date Received