ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 164
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (If outside city limits also write RURAL) (c) Location Wickenburg Hosp. Inc. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 Day (Specify whether years, months or days); In Community 2 Weeks; in Arizona 2 Weeks

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

(d) Street No.; (e) Citizen of foreign country (yes or No) If Yes, which country

3. (a) FULL NAME Delbert Hamlin (b) If Veteran name war No (c) Social Security No.

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Mary Hamlin
6. (c) Age of husband or wife, if alive: 50 yrs.
7. Birthdate of deceased: March (Month) 28 (Day) 1892 (Year)
8. AGE: Years 51 Months Days If less than one day hrs. min.
9. Birthplace: Medford (City, town or county) Oregon (State or Country)
10. Usual Occupation: Mechanic
11. Industry or Business: Lumber

Father
12. Name: A. J. Hamlin
13. Birthplace: Medford (City, town or county) Oregon (State or Country)

Mother
14. Maiden Name: Elba Helen Fitzwater
15. Birthplace: Alturas (City, town or county) California (State or Country)

16. (a) Informant's own signature: Mary Halim
(b) Address: Merill Oregon

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Wickenburg (c) Date: 1/8/44 19

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

19. (a) 1/8/44 (Date received local Registrar)
(b) Naomi Coffinger (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 1/4/44, 19; TIME (Hour and minute) 12/29/43 8:55 P.M.

21. I hereby certify that I attended the deceased from, 19 to 1/4/44, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Advanced Lung Abscess

Due to: Pneumonia Bronchial

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

DURATION: 2 months

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: Hugh B. Brollier M. D.
Address Date signed 1-14-44
1-4-44

20M 100% Rag 8-42 B. Co. County File No. Date Received