2038

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 577
Registrar's No. 310 C

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location Pioneers Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 18 Years; In Community 18 Years (Specify whether years, months or days); In Arizona 49 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. Pioneers Home; (e) Citizen of foreign country (Yes or No) No
If Yes, which country

3. (a) FULL NAME William C. Wilson (b) If Veteran name war None (c) Social Security No. None

4. Sex: Male

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased Feb. 16, 1869 (Month) (Day) (Year)

8. AGE: Years 75 | Months 0 | Days 28 | If less than one day hrs. ____ min. ____

9. Birthplace Kaufman (City, town or county) Texas (State or Country)

10. Usual Occupation Harness Maker

11. Industry or Business Retired

Father
12. Name Samuel Wislaon
13. Birthplace Unknown (City, town or county) (State or Country)

Mother
14. Maiden Name Martha Dargherty
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Pioneer Home Recds.
(b) Address Prescott, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott, Ariz. (c) Date 3/18/44

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director C. E. Hunter
(c) Address Prescott, Ariz.

19. (a) March 18, 1944 (Date received Local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 12, 1944; TIME (Hour and minute) 1:40 A.M.

21. I hereby certify that I attended the deceased from Mar 6, 1944 to March 12, 1944 that I last saw him alive on March 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Paraplegia both legs — DURATION Bedridden

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 J. H. Allen M. D.
Address Prescott, Ariz. Date signed 3-13-44

16 30M—100% Rag—5/21/43