

25 13

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 177
Registrar's No. 37

1. Place of Death: (a) County Arakam (b) City or Town Central (c) Location Central (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 59 yrs; In Community 59 yrs; In Arizona 59 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Arakam; (c) City or Town Central
(If outside city limits also write RURAL)
(d) Street No. 3018; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME William Burrard Coombs (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Married
(b) Name of husband or wife Martha Coombs (c) Age of husband or wife, if alive 67 yrs
7. Birthdate of deceased March 21 1875
(Month) (Day) (Year)
8. AGE: Years 70 Months 3 Days 28 hrs. min.
9. Birthplace St Joseph, Utah
(City, town or county) (State or Country)
10. Usual Occupation Farmers
11. Industry or Business _____
12. Name Geo. Coombs
13. Birthplace England
(City, town or county) (State or Country)
14. Maiden Name Caroline Boldranes
15. Birthplace Wisconsin
(City, town or county) (State or Country)

16. (a) Informant's own signature Martha Coombs
(b) Address Central Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Central Ariz (c) Date 6/21 1945
18. (a) Embalmer's Signature W. C. Rawson
(b) Funeral Director B. C. Rawson
(c) Address Safford
19. (a) July 9, 1945 Date received Local Registrar
(b) J. N. Stratton, M.D. by NE Registrar's Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 19 1945
TIME (Hour and minute) 11-00 A.M.
21. I hereby certify that I attended the deceased from March 3
1945 to June 19 1945
that I last saw him alive on June 16 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Paralysis
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) _____
(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 W. C. Rawson M. D. Date signed 6/22/45
Address Safford Ariz