

483

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 344  
Registrar's No. 1386

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Arizona State Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 4 mos 19 days; In Community 4 mos 19 days; In Arizona 40 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Bisbee  
(If outside city limits also write RURAL)  
(d) Street No. Bisbee, Arizona (e) Citizen of foreign country (Yes or No) No  
3. (a) FULL NAME Billy (William M.) Bashore (b) If Veteran name war No (c) Social Security No. 1386

4. Sex M 5. Race White  Indian  Negro   Oriental  6. (a) Single, married, widowed or divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased November 14 1855  
(Month) (Day) (Year)  
8. AGE: Years 89 Months 9 Days 17 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Lickdale Pennsylvania  
(City, town or county) (State or Country)  
10. Usual Occupation carpenter  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name unknown  
13. Birthplace "  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name unknown  
15. Birthplace "  
(City, town or county) (State or Country)

16. (a) Informant's own signature Arizona State Hospital  
(b) Address Phoenix, Arizona Records  
17. (a) Burial, Cremation or Removal removal  
(b) Place Bisbee, Ariz (c) Date 9/1/45 19\_\_\_\_  
18. (a) Embalmer's Signature Leo Russbaum  
(b) Funeral Director W. L. Murphy  
(c) Address WHITNEY FUNERAL HOME, PHOENIX  
19. (a) AUG 31 1945  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 30 1945  
TIME (Hour and minute) 9 P M.  
21. I hereby certify that I attended the deceased from April 12 1945 to August 30 1945  
that I last saw him alive on August 30 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death General arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Chronic myocarditis  
(Include pregnancy within three months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 [Signature] M. D.  
Address Arizona State Hospital Date signed 8-31-45

DURATION  
PHYSICIAN  
Underline the cause to which death should be charged statistically