1809

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 10
Registrar's No.

1. Place of Death: (a) County Apache (b) City or Town St Johns (If outside city limits also write RURAL) (c) Location 8 mi N.W. St Johns (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community ; In Arizona (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Apache; (c) City or Town St Johns rural (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 Henry Ward Heap (b) If Veteran name war 1640 (c) ~~Social Security~~ No.

4. Sex male | 5 Race White ☒ Indian ☐ Negro ☐ Oriental ☐ | 6. (a) ~~Single~~, married, ~~widowed or divorced~~

6. (b) Name of ~~husband~~ or wife Etta Berry | 6. (c) Age ~~of husband~~ or wife, if alive ... yrs.

7. Birthdate of deceased Sept. (Month) 14 (Day) 1889 (Year)

8. AGE: Years 56 | Months 1 | Days 1 | If less than one day hrs. ... min.

9. Birthplace St Johns - Arizona (City, town or county) (State or Country)

10. Usual Occupation Cattleman

11. Industry or Business Agriculture

Father: 12. Name John Henry Heap
13. Birthplace Parawan, Utah (City, town or county) (State or Country)

Mother: 14. Maiden Name Mary Ann White
15. Birthplace Cedar Fort, Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Merle W. Heap
(b) Address St. Johns, Arizona

17. (a) Burial, ~~Cremation or Removal~~ West Side Cemetary
(b) Place St Johns (c) Date Oct 17 1945

18. (a) Embalmer's Signature Rollie Mortuary,
(b) ~~Funeral Director~~ Gallup, New Mexico
(c) Address

19. (a) Nov 5 - 45 (Date received Local Registrar)
(b) Ethel Shreeve (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 15 - 1945
TIME (Hour and minute) 12:05 a.m.

21. I hereby certify that I attended the deceased from ..., 19... ~~to~~ no doctor, 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot ~~wound~~ through mouth. No exit.

Due to Self-inflicted

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) suicide
(b) Date of occurrence
(c) Where did injury occur? St Johns (City or Town) - Apache (County) - Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home - 8 mi N.W. St Johns (Specify type of place)
While at work? no (e) Means of injury gun shot

23. Signature T J Neal Coroner
Address St Johns Ariz. Date signed 11/5/45

18 30M—100% Rag—5/21/43