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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 360 E
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Yavapai (b) City or Town Whipple, (If outside city limits also write RURAL) (c) Location Veterans Administration Hosp (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 Month 24 days (Specify whether years, months or days) In Community new arrival; In Arizona July 11, 1945

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

(d) Street No. 745 Grand Ave., (e) Citizen of foreign country (Yes or No) No If Yes, which country (b) If Veteran name war WW (c) Social Security No. 700 18 2357

3. (a) FULL NAME Roland R. King

4. Sex M

5. Race White [X] 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 September (Month) 5 (Day) 1890 (Year)

8. AGE: Years 55 Months 3 Days 18 If less than one day hrs. ....min....

9. Birthplace Farmington (City, town or county) Utah (State or Country)

10. Usual Occupation Sheep Herder

11. Industry or Business Sheep Herder

Father { 12. Name Thomas F. King - Deceased
13. Birthplace Iowa (City, town or county) (State or Country)

Mother { 14. Maiden Name Hanna Moon - Deceased
15. Birthplace Salt Lake City, Utah (City, town or county) (State or Country)

16. (a) Informant's own signature VAH, Records
(b) Address Whipple,

17. (a) Burial, Cremation or Removal Removal
(b) Place Bountiful, Utah (c) Date 12-26 1945

18. (a) Embalmer's Signature [signature]
(b) Funeral Director HUNTER MORTUARY
(c) Address Prescott, Arizona

19. (a) Dec 26, 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 23, 1945;
TIME (Hour and minute) 9:15 P. M.

21. I hereby certify that I attended the deceased from October 30, 1945 to December 23, 1945; that I last saw him alive on December 23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — DURATION Unknown

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy Multiple coronary infarcts and coronary arteriosclerosis; arteriosclerotic kidneys; acute congestion of spleen and liver.

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. E. Fahy M. D.
Address Whipple, Arizona Date signed Dec. 24, 1945

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