9837

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 62
Registrar's No. 4

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Coconino (b) City or Town Grand Canyon (If outside city limits also write RURAL) (c) Location Grand Canyon Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 25 hours; In Community 25 hours (Specify whether years, months or days); in Arizona 18 years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Coconino; (c) City or Town Williams (If outside city limits also write RURAL)
(d) Street No. 321 West Grant; (e) Citizen of foreign country (yes or No) No
If Yes, which country —
3. (a) FULL NAME Harold Edward Gunn (b) If Veteran name war none (c) Social Security No.

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
M	White	Single

6. (b) Name of husband or wife —
6. (c) Age of husband or wife, if alive — yrs.
7. Birthdate of deceased June 7 - 1929 (Month) (Day) (Year)
8. AGE: Years 17 Months 0 Days 26 If less than one day hrs. min.
9. Birthplace Yuma (City, town or county) Arizona (State or Country)
10. Usual Occupation Student
11. Industry or Business —
Father: 12. Name Harold Edward Gunn
13. Birthplace unknown (City, town or county) (State or Country)
Mother: 14. Maiden Name Opal M. Massey
15. Birthplace Manassa (City, town or county) Utah Colo (State or Country)
16. (a) Informant's own signature N. A. Campbell
(b) Address Williams, Arizona
17. (a) Burial, Cremation or Removal removal
(b) Place Williams Ariz (c) Date July 3 1946
18. (a) Embalmer's Signature N. L. Compton
(b) Funeral Director Stella O. Gibbs
(c) Address Williams, Ariz.
19. (a) July 5th 1946 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 3, 1946;
TIME (Hour and minute) 8:59 P.M.
21. I hereby certify that I attended the deceased from 8:00 P.M. July 2, 1946, 19 to 8:59 P.M. July 3, 1946; that I last saw him alive on July 3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular fibrillation
Due to Uremia
Due to 2nd + 3rd degree burns over 65% of body surface.
Other conditions Pulmonary edema (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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) Accident
(b) Date of occurrence July 2, 1946
(c) Where did injury occur? Thurston Ranch, Coconino, Ariz. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cattle Ranch (Specify type of place)
While at work? No (e) Means of injury Powder blast
23. Signature William N. Henry M. D.
Address Grand Canyon Date signed July 3, 1946.

20M 100% Rag 8-42 B. Co. County File No. Date Received