

1540

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 310

Registrar's No. _____

1. Place of Death: (a) County Maricopa (b) City or Town Wittman (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community _____; In Arizona _____
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Yavapai (c) City or Town Prescott
(If outside city limits also write RURAL)
(d) Street No. 603 Whipple (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. 527-10-0852

3. (a) FULL NAME Charles E. Helms (b) If Veteran name war _____ (c) Social Security No. 527-10-0852

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Eula Helms 6. (c) Age of husband or wife, if alive 55-yrs.

7. Birthdate of deceased December 28, 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 1 If less than one day hrs. _____ min. _____

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

10. Usual Occupation Carpenter

11. Industry or Business _____

Father { 12. Name Ulysses Grant Helms
13. Birthplace Unknown
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mollie Wixon
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Fred M. Storey
(b) Address 512 Hillside, Prescott, Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Prescott (c) Date Dec. 2, 1946

18. (a) Embalmer's Signature H. L. Coffey
(b) Funeral Director Lester Ruffner, Jr.
(c) Address Prescott, Arizona

19. (a) 11/27/46
(Date received) Local Registrar
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 27, 1946
TIME (Hour and minute) 7:45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Head Injuries,
Multiple fractures of legs & arms
lacerations etc.

Due to _____
Due to _____

Other conditions _____
(include pregnancy within three 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) Accident

(b) Date of occurrence November 27, 1946

(c) Where did injury occur? Wittman, Maricopa, Arizona
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 89
(Specify type of place)

While at work? No (e) Means of injury Auto-accident

23. Signature Bob C. [Signature] M. D.
Address _____ Date signed 12/3/46