

18 16

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 554

Registrar's No. 6628

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (c) Location Pioneers Home  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 11 Yrs.; In Community 11 Yrs.; In Arizona 69 Yrs.  
(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. \_\_\_\_\_; (e) Citizen of foreign country (Yes or No) NO  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME James H. Bassett (b) If Veteran name war None (c) Social Security No. None

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

6. (b) Name of husband or wife Catherine Bassett 6. (c) Age of husband or wife, if alive 71 yrs.

7. Birthdate of deceased Sept. 22 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 16 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual Occupation Cowponcher

11. Industry or Business \_\_\_\_\_

Father { 12. Name Joseph Bassett  
13. Birthplace Unknown  
(City, town or county) (State or Country)

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

16. (a) Informant's own signature Pioneer Home Recds.  
(b) Address Prescott, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Prescott, Ariz. (c) Date Nov 12 1946

18. (a) Embalmer's Signature [Signature]  
(b) Funeral Director C. E. Hunter  
Hunter Mortuary  
(c) Address Prescott, Ariz.

19. (a) Dec 3, 1946  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 8, 19 46,  
TIME (Hour and minute) 9:55 P. M.

21. I hereby certify that I attended the deceased from July, 1946 to Sept 10, 1946;  
that I last saw him alive on 7 Nov, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Carcinoma of Prostate

Due to \_\_\_\_\_

Due to Seizure

Other conditions (Include pregnancy within three months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

2 years

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 [Signature] M. D.  
Address Prescott, Ariz. Date signed 30 Nov 46