2313

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 423
Registrar's No. 91

1. Place of Death: (a) County Mohave (b) City or Town Kingman (If outside city limits also write RURAL) (c) Location Mohave Gen Hospi (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ____; In Community 49 yrs; In Arizona 49 yrs (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Mohave; (c) City or Town Kingman (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 William J. Tarr (b) If Veteran name war ____ (c) Social Security No. none

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: married

6. (b) Name of husband or wife: Adelia Tarr

6. (c) Age of husband or wife, if alive 74 yrs.

7. Birthdate of deceased Dec. 29 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 18 If less than one day hrs. ____ min. ____

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

10. Usual Occupation Garage Owner

11. Industry or Business ____

Father
12. Name Charles H. Tarr
13. Birthplace Salem Mass. (City, town or county) (State or Country)

Mother
14. Maiden Name Albina Winship
15. Birthplace New York (City, town or county) (State or Country)

16. (a) Informant's own signature N W Tarr
(b) Address 108 W. Sixth Los Angeles

17. (a) Burial, Cremation or Removal Burial
(b) Place Kingman (c) Date Dec. 20 46

18. (a) Embalmer's Signature William H. Peeks
(b) Funeral Director Von Marter Mortuary
(c) Address Kingman Ariz.

19. (a) Dec. 19, 1946 (Date received Local Registrar)
(b) Flora E. Mackey (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec 17, 1946; TIME (Hour and minute) 11 20 PM M.

21. I hereby certify that I attended the deceased from March 4, 1946 to Dec 17, 1946; that I last saw him alive on Dec 17, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with multiple
Due to metastases to liver intestines +
Due to peritoneum
Ascites due to Carcinoma

DURATION: 1 yr; 3 weeks

Other conditions ____ (Include pregnancy within three months of death)

Major findings: Of operations ____ Of autopsy ____

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 Francis M Findlay M. D.
Address Kingman Arizona Date signed Dec 19-46

40M—100% Rag—6-10-44