436

407

State File No.

Registrar's No.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

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

(d) Length of Stay: In Hospital or Institution 35 years; In Community 45 years; In Arizona (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (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); If Yes, which country

3. (a) FULL NAME William Ralph Fairbanks (b) If Veteran name war no (c) Social Security No. none

4. Sex: Male

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

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

6. (b) Name of husband or wife

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

7. Birthdate of deceased Nov 22, 1874 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 19 If less than one day hrs. min.

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

10. Usual Occupation Miner, Retired

11. Industry or Business Mines

Father: 12. Name Brooks Fairbanks; 13. Birthplace Unknown (City, town or county) (State or Country)

Mother: 14. Maiden Name Hannah Johnson; 15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Viola F. Tomlin
(b) Address R.1. Box 95A Lathrop, Calif

17. (a) Burial, Cremation or Removal Burial
(b) Place Kingman, Ariz (c) Date 1-15 19 47

18. (a) Embalmer's Signature [signature]
(b) Funeral Director Van Marter Mortuary
(c) Address Kingman, Arizona.

19. (a) Jan. 14, 1947 (Date received Local Registrar)
(b) Hazel M. Miller Protem (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 11, 19 47;
TIME (Hour and minute) 9:40 A M.

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

Immediate cause of death old age

Due to Patient died en route to hospital, not seen prior to death.

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)
(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 Brooks O. Barnes M. D.
Address Box 967 Date signed 14 January 47

40M—100% Rag—6-10-44