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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 423
Registrar's No. 4

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Navajo (b) City or Town Winslow (If outside city limits also write RURAL) (c) Location Winslow Gen. Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days (Specify whether years, months or days); In Community 37 years; In Arizona 55 years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Winslow (If outside city limits also write RURAL)
(d) Street No. Winslow Hotel; (e) Citizen of foreign country (Yes or No) no
If Yes, which country
(b) If Veteran name war; (c) Social Security No.

3. (a) FULL NAME Edward Henry Bargman

4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Eliza
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased May (Month) 19 (Day) 1869 (Year)
8. AGE: Years 77 Months 7 Days 29 If less than one day hrs. ..... min.
9. Birthplace Copperoplis (City, town or county) Calif. (State or Country)
10. Usual Occupation Rancher, retired
11. Industry or Business
Father: 12. Name Unknown Bargman
13. Birthplace Unknown (City, town or county) Holland (State or Country)
Mother: 14. Maiden Name Minnie Unknown
15. Birthplace Unknown (City, town or county) Holland (State or Country)
16. (a) Informant's own signature Eliza Bargman
(b) Address Flagstaff, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Winslow (c) Date 1/22 1947
18. (a) Embalmer's Signature J. C. Scott
(b) Funeral Director Scott & McMillan
(c) Address Winslow, Arizona
19. (a) 1-19-47 (Date received Local Registrar)
(b) Mrs Ed J Capill (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 18, 1947
TIME (Hour and minute) 9 a M.
21. I hereby certify that I attended the deceased from ? ? 1932, 19 to 1-18, 1947; that I last saw him alive on 1-18-47, 19 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Insufficiency
Due to Cardio-Vascular-Renal
Due to Disease
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

DURATION
few hours
15 yrs

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 [illegible] M. D.
Address Winslow, Ariz. Date signed 1-19-47

40M—100% Rag—6-45