

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 72

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day; In Community 3 mo; In Arizona 30 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Glendale
(If outside city limits also write RURAL)

(d) Street No. _____

3. (a) FULL NAME William Frank Hughes (b) If Veteran name was Wally Wally (c) Citizen of foreign country (Yes or No) No
(If Yes, which country) (d) Social Security No. 526-18-6444

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Single
(b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive, _____ yrs.

7. Birthdate of deceased June 22 1911
(Month) (Day) (Year)

8. AGE: Years 35 Months 10 Days 13 If less than one day hrs. _____ min. _____

9. Birthplace Hot Springs New Mexico
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business Int. Smelter

12. Name William P. Hughes
Father { 13. Birthplace _____
(City, town or county) (State or Country)

14. Maiden Name Oneta Martin
Mother { 15. Birthplace Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Boyd V. Hughes
(b) Address Highway Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Parad Cemetery (c) Date May 7 1947

18. (a) Embalmer's Signature H. H. H. H.
(b) Funeral Director Rita H. Miles
(c) Address Miami Ariz

19. (a) May 19 1947
(Date received Local Registrar)
(b) Person D. Drayton
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) May 5 1947
TIME (Hour and minute) 7:30 A.M.

21. I hereby certify that I attended the deceased from 5-4-47 to 5-5-47, 19____, that I last saw him alive on 5-5-47, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Hemorrhage & crushing injury to pelvis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence 5-4-47
(c) Where did injury occur? Miami Gila ARIZ
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? SMELTER
(Specify type of place)
While at work? Yes (e) Means of Injury Carroll BETWEEN 2 CARS

23. Signature J. H. H. H. M. D.
Address Miami Date signed 5-12-47

Wm. P. Hughes