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STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 306

Registrar's No. 53

1. Place of Death: (a) County Mohave (b) City or Town Kingman (c) Location Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 yrs; In Community 9 yrs; In Arizona 9 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town Chloride
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Paul Louis Deats (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 Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Dec. 27, 1869
(Month) (Day) (Year)
8. AGE: Years 77 Months 9 Days 26 hrs _____ min _____
If less than one day
9. Birthplace Texas
(City, town or county) (State or Country)
10. Usual Occupation retired
11. Industry or Business _____
Father { 12. Name Louis Deats
13. Birthplace Unknown
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Melvin L. Deats
(b) Address Chloride, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Kingman, Ariz Date 10/25 1947
18. (a) Embalmer's Signature [Signature]
(b) Funeral Director Van Carter Mortuary
(c) Address Kingman, Arizona
19. (a) Oct. 25, 1947
(Date received Local Registrar)
(b) Hazel M. Miller
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 23 October, 1947
TIME (Hour and minute) 3:25 P. M. M.
21. I hereby certify that I attended the deceased from December
1946 to 23 Oct, 1947
that I last saw him alive on 23 Oct, 1947

and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Due to age
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 Bruce O. Barnes M. D.
Address Box 967 Kingman Date signed 23 Oct 1947