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. 46
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town 9 Miles South of Benson. (If outside city limits also write RURAL) (c) Location Apache Powder Co. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community 1 Year (Specify whether years, months or days); In Arizona 1 Year

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town St. David (If outside city limits also write RURAL)

(d) Street No. St. David; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Hubert Leo Drew (b) If veteran name war None (c) Social Security No. 478-24-4862

4. Sex: Male
5. Race: White [#] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Ester I.
6. (c) Age of husband or wife, if alive: 23 yrs.
7. Birthdate of deceased: Mar. (Month) 19 (Day) 1916 (Year)
8. AGE: Years 31 Months 9 Days 23 If less than one day hrs. min.
9. Birthplace: Emmetsburg, (City, town or county) Iowa (State or Country)
10. Usual Occupation: Apache Powder Co. Employee
11. Industry or Business: Same

Father
12. Name: Samuel Drew
13. Birthplace: Emmetsburg, (City, town or county) Iowa (State or Country)

Mother
14. Maiden Name: Loretta Myers
15. Birthplace: Emmetsburg, (City, town or county) Iowa (State or Country)

16. (a) Informant's own signature: Mrs Hubert Drew
(b) Address St. David, Arizona

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Benson, Arizona (c) Date: 1-14 1948

18. (a) Embalmer's Signature: Hugh Coomes H 284 A
(b) Funeral Director: Hugh Dugan 114A
(c) Address: Bisbee, Arizona.

19. (a) January 15 1948 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): Jan. 12, 19 48;
TIME (Hour and minute): 8:47 A. M.

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

Immediate cause of death: explosion at Apache Powder Co.

Due to:

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): Accident
(b) Date of occurrence: Jan 12, 1948
(c) Where did injury occur? Benson (City or Town) Cochise (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? (e) Means of injury

23. Signature: Harold W. Holcomb Justice of the Peace M. D.
Address: Benson Ariz Date signed Jan 13, '48

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