

1662

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1495

State File No.

Registrar's No.

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Cutter Airport - Hwy 60
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 2 1/2 yrs; In Arizona 6 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. Cutter Airport (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Allen Benson Rhoades (b) If Veteran name war World War II (c) Social Security No. 552-01-0384

4. Sex male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband The Mrs Peterson Rhoades 6. (c) Age of husband 31 yrs.
7. Birthdate of deceased March 19, 1916
8. AGE: Years 31 Months 11 Days 13 If less than one day hrs. * min. *
9. Birthplace Spanish Fork, Texas
(City, town or county) (State or Country)
10. Usual Occupation airplane mechanic
11. Industry or Business airplane instructor
Father { 12. Name Ernest E. Rhoades
13. Birthplace unknown Texas
(City, town or county) (State or Country)
Mother { 14. Maiden Name Lula Backum
15. Birthplace unknown Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature James A Peterson
(b) Address Safford, Ariz (father-in-law)
17. (a) Burial, Cremation or Removal Removal
(b) Place Safford, Ariz Date March 5, 1948
18. (a) Embalmer's Signature Frank A. Pealy
(b) Funeral Director Frank A. Pealy
(c) Address 328 S. Hill St., Globe, Ariz.
19. (a) March 3-48
(Date received Local Registrar)
(b) Doree Havelle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 2, 1948
TIME (Hour and minute) 4:45 P.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on 2 March, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
multiple crushing injuries of the head & body
Due to An airplane accident

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) Resident
(b) Date of occurrence 2 March '48
(c) Where did injury occur? Cutter field, Globe, Gila, Arizona
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Airport
(Specify type of place)
While at work? yes (e) Means of injury Airplane fell in a spin

23. Signature M. O. Wheeler
Address Globe, Arizona Date signed 3 March 48

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically