

2286

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2048

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

Registrar's No. _____

1. Place of Death: (a) County Cochise (b) City or Town Dragoon (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community _____; In Arizona _____
(Specify whether years, months or days)

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

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Thomas George Shattler (b) If Veteran name war _____
(c) Social Security No. 526-16-7861

4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Robert William Shattler 6. (c) Age of husband or wife, if alive 27 yrs.

7. Birthdate of deceased Aug 13 1921
(Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 3 If less than one day hrs. _____ min. _____

9. Birthplace Pondok (City, town or county) Mississippi (State or Country)

10. Usual Occupation Miner

11. Industry or Business Mines

Father { 12. Name Thomas Hudson Shattler
13. Birthplace Pondok (City, town or county) Miss (State or Country)

Mother { 14. Maiden Name Agnes Wood
15. Birthplace Pondok (City, town or county) Miss (State or Country)

16. Informant's own signature J. M. Shattler

(b) Address Benson, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Forest Home (c) Date 3-18 1948

18. (a) Embalmer's Signature John A. Kelly

(b) Funeral Director Kelly-Rottman Mortuary

(c) Address Willcox, Ariz

19. (a) 3/16 (Date received Local Registrar)

(b) John A. Kelly (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar 16, 1948
TIME (Hour and minute) 6 AM M.

21. I hereby certify that I attended the deceased from Sept, 1947 to Mar 16, 1948
that I last saw him alive on Mar 13, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension and arteriosclerosis

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) _____

(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 J. M. Hesser M. D.
Address Benson Date signed Mar 16 48

DURATION 6 mo

PHYSICIAN Underline the cause to which death should be charged statistically