1208

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 3648
Registrar's No.

1. Place of Death: (a) County Yuma (b) City or Town Rural (If outside city limits also write RURAL) (c) Location 7 miles East of Salome (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community ; In Arizona 10 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Army ; (b) County Yavapai ; (c) City or Town Prescott (If outside city limits also write RURAL)
(d) Street No. 311 Apt 6 Montezuma ; (e) Citizen of foreign country (Yes or No) If Yes, which country
(f) Social Security No. 526-07-4414

3. (a) FULL NAME Cecil M. Benton (b) If Veteran name war —

Cecil

4. Sex M.
5. Race White ☑ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Sylvia J Benton
6. (c) Age of husband or wife, if alive 37 yrs.
7. Birthdate of deceased 9 (Month) 15 (Day) 1907 (Year)
8. AGE: Years 41 Months Days If less than one day hrs. min.
9. Birthplace Desota (City, town or county) Mo (State or Country)
10. Usual Occupation Miner
11. Industry or Business —
Father 12. Name Unknown
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 Harold J. Pettigrew
(b) Address Salome Arizona Box 603
17. (a) ~~Burial~~, ~~Cremation or~~ Removal Wickenburg Ary
(b) Place Wickenburg (c) Date 6-6-48
18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H L Coffinger
(c) Address Wickenburg Ary
19. (a) June 6th 1948 (Date received Local Registrar)
(b) E V Haydis (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 6th, 1948
TIME (Hour and minute) 5 pm 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 Gun Shot wound
SELF INFLICTED
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) Suicide
(b) Date of occurrence 6-6-48
(c) Where did injury occur? 7 miles East Salome Hwy 60. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? US Highway 60 (Specify type of place)
While at work? No (e) Means of injury —
23. Signature E V Haydis Ex officio Coroner M.
Address Salome Date signed 6/6/48

40M—100% Rag—6-45