1799

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. 6618
Registrar's No. 231

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location Southside Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 days; In Community 5 yrs. (Specify whether years, months or days); In Arizona 38 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa (Rural) (If outside city limits also write RURAL)
(d) Street No. Rt.#2, Bx. 1016; (e) Citizen of foreign country (Yes or No) No
If Yes, which country
3. (a) FULL NAME Charles Nelson Higgins (b) If veteran name war No (c) Social Security No. None

4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife, if alive 76 yrs.
7. Birthdate of deceased Feb. (Month) 7, (Day) 1873 (Year)
8. AGE: Years 75 Months 9 Days 24 If less than one day hrs. min.
9. Birthplace Chenault (City, town or county) Kansas (State or Country)
10. Usual Occupation Retired (Rancher)
11. Industry or Business own ranch
Father 12. Name Charles W. Higgins
Father 13. Birthplace Unknown (City, town or county) Ohio (State or Country)
Mother 14. Maiden Name Sarah T. Lines
Mother 15. Birthplace Unknown (City, town or county) Unknown (State or Country)
16. (a) Informant's own signature Paul Higgins
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa (c) Date 12-3- 1948
18. (a) Embalmer's Signature Dan Hacker
(b) Funeral Director Melcher-Hacker
(c) Address Mesa, Arizona
19. (a) 12-6-48 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 1, 1948;
TIME (Hour and minute) 3:48 P.M.
21. I hereby certify that I attended the deceased from Nov 25, 1948 to ..., 19...;
that I last saw him alive on ..., 19...;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations None
Of autopsy None

DURATION
6 Days
Undet.

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 [signature] M. D.
Address Mesa, Ariz. Date signed 12-6-48

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