

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4194

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 40

F DEATH 33 RESIDENCE	1. PLACE OF DEATH A. COUNTY Mohave				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Ariz B. COUNTY Ariz C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Kingman D. STREET ADDRESS Hill Top Addition			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Kingman		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 45 yrs. 45 yrs.					
	D. FULL NAME OF HOSPITAL OR INSTITUTION Mohave General Hospital							
AGENT 1 FONAL 1 TA 145 0 751	3. NAME OF DECEASED (TYPE OR PRINT) Fred L. Roe			4. SEX Male		5. COLOR OR RACE White		
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR July 16 1906		8. AGE YEARS MONTHS DAYS 45 0 1		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Trucking Agent	
	9B. KIND OF BUSINESS OR INDUSTRY Freight Truck		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ariz.		11. CITIZEN OF WHAT COUNTRY? U. S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	
4222 USE F 0 ATH 0 A 18)	13A. FATHER'S NAME Charley Roe			14B. BIRTHPLACE (STATE OR COUNTRY) Nevada		15A. MOTHER'S MAIDEN NAME Ada Struzenegger		
	16. INFORMANT'S SIGNATURE Mrs. Ada Wilson Kingman			17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 17 1951		13. SOCIAL SECURITY NO. 326-01-3653		
	14A. FATHER'S NAME			14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME		
CTIONS OPSY 2	19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
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ATH TO RNAL ENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
ICAL ONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 1950 TO July 17 1951. THAT I LAST SAW THE DECEASED ALIVE ON July 17 1951. AND THAT DEATH OCCURRED AT 7:45 P.M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE (DEGREE OR TITLE) C. C. Kingman M.D.				23B. ADDRESS		23C. DATE SIGNED 7/18/51	
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ERAL CTOR 38 ID TRAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 7/20/51		24C. NAME OF CEMETERY OR CREMATORY Mountain View Cemerty		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kingman, Ariz	
	25A. DATE REC'D BY LOCAL REG. 7-18-1951		25B. REGISTRAR'S SIGNATURE Hazel M. Miller		26. FUNERAL DIRECTOR'S SIGNATURE William H. Peak		27. EMBALMER'S SIGNATURE 265A.	
	25A. DATE REC'D BY LOCAL REG. 7-18-1951		25B. REGISTRAR'S SIGNATURE Hazel M. Miller		26. FUNERAL DIRECTOR'S SIGNATURE William H. Peak		27. EMBALMER'S SIGNATURE 265A.	

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