

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1679

CERTIFICATE OF DEATH

27 IF DEATH ND 16 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>15 yrs</u> IN ARIZONA <u>15 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u>		REGISTRAR'S NO.	
	C. CITY OR TOWN <u>Gilbert</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Gilbert</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>125 W. Delaware</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>125 W. Delaware</u>			
DENT 1 ANAL TA 174 4 354	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Dempsey</u> B. (MIDDLE) <u>Abe</u> C. (LAST) <u>Bagwell</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		
	6B. NAME OF SPOUSE <u>Annie Lou</u>		7. DATE OF BIRTH MONTH <u>Feb.</u> DAY <u>25</u> YEAR <u>1880</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>74</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Retired Farmer</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>445-09-3511</u>		
	14A. FATHER'S NAME <u>H.C. Bagwell</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Georgia</u>	15A. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Fannin</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		
16. INFORMANT'S SIGNATURE <u>Mrs. Vera Nabors</u>				ADDRESS <u>Superior, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 30, 1954</u>		
JSE F ITH (18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <u>4201 (B), (C).</u> †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>few seconds</u> <u>5 minutes</u> <u>15 yrs.</u> <u>10 yrs.</u>	
	PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>4-20</u> , 19 <u>53</u> , TO <u>3/30/</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>3-5</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>8:15 A</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <u>W. R. Patten</u>		22B. ADDRESS <u>D.O., 325 S. Main St. Gilbert.</u>		22C. DATE SIGNED <u>3/30/54</u>			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
VER'S ATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>4-2-54</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Mesa cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Mesa, Arizona</u>	
RAL TOR D FRAR 115	26A. DATE REC. BY LOCAL REG. <u>4-7-54</u>		26B. REGISTRAR'S SIGNATURE <u>Deputy Pearl L. Dougherty, R.N., ACS.</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>M. L. GIBBONS MORTUARY MESA, ARIZONA</u>	