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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 4177

Registrar's No. 35

1. Place of Death: (a) County Santa Cruz (b) City or Town Nogales, Ariz. (c) Location 225 Sonita St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 6 wks.; In Arizona 77 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Santa Cruz (rural) (c) City or Town Canille Dist.
(If outside city limits also write RURAL)

(d) Street No. Santa Cruz Co. Rural Canille District (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____ (c) Social Security No. NO

3. (a) FULL NAME William Andrew Parker (b) If Veteran name war _____ (c) Social Security No. NO

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

6. (b) Name of husband or wife Addie M. 6. (c) Age of husband or wife, if alive 78 yrs.

7. Birthdate of deceased Aug. 3, 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 13 If less than one day hrs. _____ min. _____

9. Birthplace San Luis Obispo, Calif.
(City, town or county) (State or Country)

10. Usual Occupation Rancher

11. Industry or Business _____

Father { 12. Name William A. Parker Sr.
13. Birthplace Kentucky
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary J. Hackett
15. Birthplace Tenn.
(City, town or county) (State or Country)

16. (a) Informant's own signature Elmer Parker
(b) Address San Pedro, Calif.

17. (a) Burial, Cremation or Removal Burial
(b) Place Nogales, Ariz. Date 5/18/46

18. (a) Embalmer's Signature Frank B. Carroon
(b) Funeral Director Carroon Mortuary
(c) Address Nogales, Arizona

19. (a) 5/16/46
(Date received Local Registrar)
(b) Chas Estandy
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5/16/46, 19____; TIME (Hour and minute) 2:30 p.m. M.

21. I hereby certify that I attended the deceased from January 30, 1943 to May 16, 1946
that I last saw him alive on May 16, 1946

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

Immediate cause of death Chronic Myocarditis

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) _____

(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 places? _____ (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Chas Estandy M. D.
Address Nogales, Ariz. Date signed 5/16/46