

CERTIFICATE OF DEATH

REGISTRAR'S NO. 11

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Graham

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).  
A. STATE B. COUNTY

Ariz. Graham

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Safford

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)

20 Mths 45 Ds

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Safford, Ariz.

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Morris Smith

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

720 - 8th Ave

3. NAME OF DECEASED

A. (FIRST) B. (MIDDLE) C. (LAST)  
AUGUSTUS ALEXANDER WALKER

4. SEX M.

5. COLOR OR RACE W.

(TYPE OR PRINT)

6. MARRIED NEVER MARRIED WIDOWED DIVORCED

7. DATE OF BIRTH MONTH DAY YEAR

Dec 29 1891

8. AGE YEARS MONTHS DAYS

58 1 7

IF UNDER 24 HOURS HOURS MIN.

+

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).

Ranch Hand

9B. KIND OF BUSINESS OR INDUSTRY

Cattle Business Texas

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Texas

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)

13. SOCIAL SECURITY NO.

None

14A. FATHER'S NAME

Joseph Walker

14B. BIRTHPLACE (STATE OR COUNTRY)

Texas

15A. MOTHER'S MAIDEN NAME

Morgan, Franklin

15B. BIRTHPLACE (STATE OR COUNTRY)

Texas

16. INFORMANT'S SIGNATURE

Roy A. Walker, Calif.

ADDRESS

17. DATE OF DEATH

Feb. 6 - 1950

(MONTH)

(DAY)

(YEAR)

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

\*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.  
PLACE DISEASE CONTRACTIONS.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\*

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION

Traumatic Shock

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

Transverse Section of Spinal cord Fracture of L4 by Vertebrae

INTERVAL BETWEEN ONSET AND DEATH

3 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO

21A. ACCIDENT SUICIDE HOMICIDE

Accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

7 Ranch Bounta Ariz

21C. (CITY OR TOWN) (COUNTY) (STATE)

Bounta Graham Ariz

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

Feb 6 50 1:30 PM

21E. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

Got hit in the back

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 6 1950 TO Feb 6 1950 THAT I LAST SAW THE DECEASED ALIVE ON Feb 6 1950 AND THAT DEATH OCCURRED AT 4:00 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

D E Nelson M.D.

(DEGREE OR TITLE)

23B. ADDRESS

Safford Ariz

23C. DATE SIGNED

2/8/50

24A. BURIAL CREMATION REMOVAL

24B. DATE

Feb 8-50

24C. NAME OF CEMETERY OR CREMATORY

Graham

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Safford Ariz

25A. DATE REC'D BY LOCAL REG

March 9, 1950

25B. REGISTRAR'S SIGNATURE

J N Stottler M.D.

26. FUNERAL DIRECTOR'S SIGNATURE

W. C. Rawson

26. ADDRESS

Safford, Ariz

27. EMBALMER'S SIGNATURE

W. C. Rawson

CERT. NO.

116A