

CERTIFICATE OF DEATH

REGISTRAR'S NO. 36

BIRTH NO.

35  
DATE OF DEATH  
MAY 98  
USUAL RESIDENCE  
0407

1. PLACE OF DEATH A. COUNTY <u>GRAHAM</u>		B. LENGTH OF STAY IN THIS TOWN <u>2 days</u> IN ARIZONA <u>71</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>ARIZONA</u> B. COUNTY <u>GRAHAM</u>	
C. CITY OR TOWN <u>SAFFORD</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>CENTRAL</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAFFORD INN HOSPITAL</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>RURAL</u>	

DECEDENT  
PERSONAL  
DATA  
176  
6  
555

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>EMMA</u> B. (MIDDLE) <u>REAY</u> C. (LAST) <u>LAYTON</u>			4. SEX <u>FEMALE</u>	5. COLOR OR RACE <u>WHITE</u>	6A. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) <u>WIDDED</u>
6B. NAME OF SPOUSE <u>HARRY D. LAYTON</u>		7. DATE OF BIRTH MONTH <u>MAR</u> DAY <u>22</u> YEAR <u>1879</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>76</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>KANSAS, UTAH</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>HOUSEWIFE</u>	
14A. FATHER'S NAME <u>MILES W. REAY</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>ENGLAND</u>	15A. MOTHER'S MAIDEN NAME <u>EMMA ABRAHAM</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>WALES</u>	
16. INFORMANT'S SIGNATURE <u>MADIE MARTIN</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>MAY 4 1955</u>		13. SOCIAL SECURITY NO.

CAUSE OF DEATH  
(FEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>351X</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE. INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Cerebral vascular accident</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION <u>None</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>5/4/55</u> , 19 <u>55</u> , TO <u>5/4/55</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>5/4</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>5:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <u>D. G. Nelson, M.D.</u>	22B. ADDRESS <u>Safford, Arizona</u>	22C. DATE SIGNED <u>5/6/55</u>

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>Natural</u>	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?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>MAY 7, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>CENTRAL CEMETERY</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>CENTRAL ARIZONA</u>
26A. DATE REC. BY LOCAL REG. <u>May 6/55</u>	26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	27B. ADDRESS <u>SAFFORD, ARIZONA</u>