

1456

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
1. County Graham District Safford Town Pima

State Index - - - No. 134
County Registrar's - No. 67
Local Registrar's - No. 64

2. FULL NAME Lavrie H. Taylor
(a) Residence. No. Pima Arizona St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs 8 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>single</u>			16. DATE OF DEATH (month, day, and year) <u>Aug 14 1923</u>	
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 13 1923</u> to <u>Aug 14 1923</u> that I last saw <u>him</u> alive on <u>Aug 14 1923</u> and that death occurred, on the date stated above, at <u>3-A</u> m. The CAUSE OF DEATH* was as follows: <u>Acute Intestitis</u>	
6. DATE OF BIRTH (month, day and year) <u>Dec. 6. 1922</u>					18. (duration) _____ yrs. _____ mos. <u>4015</u> ds.	
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					19. Where was disease contracted if not at place of death? <u>Place of Death</u>	
9. BIRTH PLACE (city or town) <u>Pima Arizona</u> (State or Country)					Did an operation precede death? <u>no</u> date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? _____ Signed <u>[Signature]</u> M. D. <u>Pima</u> 19 _____ (Address)	
10. NAME OF FATHER <u>Wallace A. Taylor</u>					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Hemic. (See reverse side for additional space.)	
11. BIRTHPLACE OF FATHER <u>Pima Arizona</u> (city or town) (State or country)					19. PLACE OF BURIAL, CREMATION OR T-MOVAL <u>Pima Arizona</u>	
12. MAIDEN NAME OF MOTHER <u>Eva S. Bluff</u>					DATE OF BURIAL <u>Aug 16 1923</u>	
13. BIRTHPLACE OF MOTHER <u>Calistoga Nevada</u> (city or town) (State or country)					20. UNDERTAKER ADDRESS _____	
14. Informant <u>Wallace A. Taylor</u> (Address) <u>Pima Arizona</u>						
15. Filed <u>Oct 8 1923</u> <u>Stallid W. Schuch</u> Local Registrar Filed <u>Oct 8 1923</u> <u>D. Scott Jensen</u> County Registrar.						