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MARGIN RESERVED FOR BINDING. 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

State Index - - - - No. 86
County Registrar's - - No. 9
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ORIGINAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street number),

1. County Silas District _____
Town or City Hayden No. _____ St. _____ Ward _____

2. FULL NAME Guy S. Hendricks
(a) Residence No. _____ (Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred 2 yrs. 6 mos. 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>Widow</u>		16. DATE OF DEATH (month, day, and year) <u>3/21/1927</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James W. Hendricks</u>				17. I HEREBY CERTIFY, That I attended deceased from <u>3/21/1927</u> to <u>3/21/1927</u> that I last saw h. _____ alive on _____, 19____ and that death occurred, on the date stated above, at <u>10:45</u> a.m. The CAUSE OF DEATH* was as follows: <u>Cardiac failure (1)</u>	
6. DATE OF BIRTH (month, day and year) <u>Nov 13, 1846</u>				18. <u>Head injuries due to fall down very steep steps</u> (duration) _____ yrs. _____ mos. _____ ds. CONTRIBUTORY (secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
7. AGE	Years <u>80</u>	Months <u>4</u>	Days <u>8</u>		
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 <u>Retired</u>				19. When was disease contracted if not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u>	
9. BIRTHPLACE (city or town) (State or country) <u>Henrysville Ky.</u>				What test confirmed diagnosis? <u>Clinical signs</u> (Signed) <u>W. H. R. Winston, M. D.</u> <u>3/21/1927</u> (Address) <u>Hayden, Ariz.</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 Homicidal. (See reverse side for additional space.)	
10. NAME OF FATHER <u>Archibald Stinson</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Franklin, Ariz</u> DATE OF BURIAL <u>Mar 22 1927</u>	
11. BIRTHPLACE OF FATHER (State or country) <u>Memphis Tenn.</u>				20. UNDERTAKER <u>?</u> ADDRESS _____	
12. MAIDEN NAME OF MOTHER <u>Elizabeth Smith</u>					
13. BIRTHPLACE OF MOTHER (State or country) <u>Memphis Tenn.</u>					
14. Informant (Address) <u>W. H. S. Merrill Hayden, Ariz.</u>					
15. Filed <u>Mar 21 1927</u> <u>W. H. S. Merrill</u> Local Registrar.					
V. S. No. 1 _____, 19____ County Registrar.					

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