2808

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

State Index - - - No. 290
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH

1. County Pima
District Ajo
Town or city
No. New Cornelia Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Roy Crawford
(a) Residence. No. Ajo 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 mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bernice Warner

6. DATE OF BIRTH (month, day and year)

7. AGE Years 19 | Months | Days | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brakeman
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Artesia
(State or Country) New Mexico

PARENTS

10. NAME OF FATHER Lee Fayett Crawford
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Tennessee
12. MAIDEN NAME OF MOTHER Judy Lawrence
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Texas

14. Informant (Address) A. H. Crawford Ajo Ariz.

15. Filed Nov 19 1927 John S. Wood Local Registrar.
Filed 19 County Registrar.

V. S. No 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov 16 1927

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
that I last saw h alive on 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Accidental Death due to injury while breaking deceased died within 10 minutes after arriving at hospital
(duration) yrs. mos. ds.

CONTRIBUTORY (secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? date of
Was there an autopsy?
What test confirmed diagnosis?
Signed O. B. Patton M. D.
Nov 17 1927 (Address)

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Ajo Ariz.
DATE OF BURIAL: Nov 18 1927

20. UNDERTAKER: H. T. Lyons. Parker Grimshaw Co.
ADDRESS: Ajo Ariz