1940

Navajo Reservation

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 366a

Registered No. 35

1. PLACE OF DEATH

County: Navajo State: Ariz

District or Township: or Village: or

City: Holbrook No. St., Ward

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

2. FULL NAME Leroy Dunlap Brown

(a) Residence. No. St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 2 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): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

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

7. AGE: Years: 2 Months: Days: 11 IF LESS than 1 day hrs. or min.

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:

9. BIRTHPLACE (city or town) Holbrook (State or country) Ariz

PARENTS

10. NAME OF FATHER Robert Hall Brown

11. BIRTHPLACE OF FATHER Nutrioso (city or town) (State or country) Ariz

12. MAIDEN NAME OF MOTHER Comfort Slade

13. BIRTHPLACE OF MOTHER Egan (city or town) (State or country) Ariz

14. Informant Mrs Comfort Brown

(Address) Holbrook

15. Filed 2/2 1928 W. H. Wilson Registrar.

Holbrook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928 to Feb 1, 1928 that I last saw he alive on Feb 1, 1928 and that death occurred, on the date stated above, at 12 30 a m. The CAUSE OF DEATH* was as follows:

Poisoned by eating Kellogs corn pasth

(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? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Toxic bottle from Tuc

(Signed) R C Hendrick M.D.

Feb 2 1928 (Address) Holbrook

* 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 St Johns Ariz

DATE OF BURIAL Feb 2, 28

20. UNDERTAKER Crone

ADDRESS

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.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,** etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, metritis, erysipelas,