

1938

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.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Graham State Ariz State File No. 138
 District or Township Safford or Village _____ Registered No. 25
 City Safford No. Morris - Squibb Hosp Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Lawson Maurice Cape
 (a) Residence, No. Central Ariz 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 about 1 1/2 hours 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. Single
 (Write the word)

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

6. DATE OF BIRTH (month, day and year) Sept 23 1921

7. AGE Years 3 Months 5 Days 13 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) Shattuck Ariz (State or country)

PARENTS

10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER Henry Lawson Cape (city or town) Rockwood Co, W. Va. (State or country)
 12. MAIDEN NAME OF MOTHER Mama Estelle Herles
 13. BIRTHPLACE OF MOTHER Wasson Ariz (city or town) (State or country)

14. Informant H. W. Taylor (Address) Central Ariz

15. Filed April 9, 1928 J. H. Statton Registrar. H.B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March - 15 - 1928
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1928 to March 15, 1928 that I last saw him alive on March 15, 1928 and that death occurred, on the date stated above, at 3:20 P. M. The CAUSE OF DEATH* was as follows:
Fracture of skull caused by being kicked by horse
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTOR (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____ if not at place of death? _____
 Did an operation precede death? yes Date of 3-15-28
 Was there an autopsy? no
 What test confirmed diagnosis? _____
 (Signed) H. W. Squibb, M. D. (Address) Safford Ariz
 * 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 Shattuck DATE OF BURIAL 3/16/28

20. UNDERTAKER Ocean Taylor ADDRESS Central