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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 Navajo State Arizona State File No. 344
 District or Township Taylor or Village _____ Registered No. _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give the NAME instead of street and number).
 2. FULL NAME Joseph Bucks Wakefield
 (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 22 yrs. 3 mos. 3 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. Married
 (Write the word)
 5a. If married, widowed, or divorced
 HUSBAND of Aretha M. Wakefield
 (or) ~~WIFE of~~
 6. DATE OF BIRTH (month, day and year) _____
 7. AGE Years Months Days IF LESS than 1 day hrs. or min.
76 yrs 1 mos 11 ds
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (city or town) Bluff City, Iowa
 (State or country)
 10. NAME OF FATHER John Fleming
 11. BIRTHPLACE OF FATHER Franklin, Tenn. (city or town)
 (State or country)
 12. MAIDEN NAME OF MOTHER Susanna Garcia
 13. BIRTHPLACE OF MOTHER _____ (city or town)
 (State or country)
 14. Informant Juba Hatch
 (Address)
 15. Filed July 28, 1928 E. M. Karchner Registrar.

PARENTS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 23, 1928
 Month Day Year
 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 3:30 p.m.
 The CAUSE OF DEATH* was as follows:
Rheumatism of Heart or Neuritis
2 hrs (duration) 0 mos. 0 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) J. Brown _____, M. D.
 19 (Address) Taylor
 * 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 Taylor DATE OF BURIAL July 25, 1928
 ADDRESS Taylor, Ariz.
 20. UNDERTAKER _____