3175

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. 428
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH

1. County Yavapai
District Cornville
Town or city Cornville No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME David Loy

(a) Residence. No. Cornville, Ariz. 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: Cauc.
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) Feb. 10, 1928

7. AGE Years | Months 8 | Days | IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) (State or Country) Cornville Ariz

PARENTS

10. NAME OF FATHER Ed A. Loy
11. BIRTHPLACE OF FATHER Aultman (city or town) Ariz (State or country)
12. MAIDEN NAME OF MOTHER Priscilla Graves
13. BIRTHPLACE OF MOTHER Wt. Witt (city or town) Nebraska (State or country)

14. Informant (Address) Mother Mrs E. Loy Cornville

15. Filed 19 Chas. D. Willard Local Registrar.
Filed 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 10-23 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928 to Oct. 23, 1928, that I last saw him alive on Oct. 22, 1928 and that death occurred, on the date stated above, at 4 p m. The CAUSE OF DEATH* was as follows:

Acute Bronchitis.
Congenital absence of Bile ducts

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (secondary) Bronchitis

(duration) yrs. mos. 7 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? clinical

Signed Arnold Hatschke M. D.
Oct. 23 1928 (Address) Clemenceau

* 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 Cottonwood

20. UNDERTAKER

DATE OF BURIAL Oct. 24 1928

ADDRESS