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BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH
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 _____ State _____ State File No. 125
 District or Township _____ or Village _____ Registered No. 135
 City _____ No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. FULL NAME Alfred Taylor
 (a) Residence, No. Prima, Ariz. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 44 yrs. 11 mos. 10 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 Mattie Haynie Taylor
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) December 28, 1886

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

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) _____ (State or country) Prima, Arizona

10. NAME OF FATHER John Taylor

11. BIRTHPLACE OF FATHER _____ (State or country) St. George Utah (city or town)

12. MAIDEN NAME OF MOTHER Mary Keese

13. BIRTHPLACE OF MOTHER _____ (State or country) St. George (city or town)

14. Informant Mattie Haynie Taylor
 (Address) Prima, Ariz.

15. Filed Jan 8, 1929 J. N. Stratton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 8, 1928
 Month _____ Day _____ Year _____

17. I HEREBY CERTIFY, That I attended deceased from 1815 to Dec 6, 1928, that I last saw him alive on Dec 6, 1928, and that death occurred, on the date stated above, at 7 p. m. The CAUSE OF DEATH* was as follows:
Heart trouble - mitral deficiency
 (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) R. H. Deen M. D. (Address) Prima, Ariz.
12/8/28

* 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 Prima Cemetery DATE OF BURIAL Dec 9 / 28

20. UNDERTAKER Mattie Taylor ADDRESS Prima, Ariz.