

95 10

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 Arizona State File No. 148
 District or Township _____ or Village Safford Registered No. 141
 City Safford No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Victory L Boyd
 (a) Residence. No. Safford (Usual place of abode) Ariz. St. _____ Ward _____
 (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed
 (Write the word)

6a. If married, widowed, or divorced
 HUSBAND of John David Boyd
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Jan 10 - 1874

7. AGE Years 84 Months 11 Days 26 IF LESS than 1 day _____ hrs. or _____ min.

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

9. BIRTHPLACE (city or town) Detroit
 (State or country) Michigan

10. NAME OF FATHER Tillie Hubbard

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

12. MAIDEN NAME OF MOTHER Parrish

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

14. Informant Mrs. W. S. Stewart
 (Address) Moines, Ariz

15. Filed Feb 9, 1929 J. H. Stratton
H. B. G. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 6 - 1929
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929 to Jan 6, 1929, that I last saw her alive on Jan 6, 1929 and that death occurred, on the date stated above, at 9:45 a.m. The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Atherosclerosis
 (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? at place of death
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis?
 (Signed) J. H. Stratton, M. D. 1929 (Address) Safford
 * State the Disease Causing Death, or in death 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 Pinca Ariz DATE OF BURIAL Jan. 8 - 29
 ADDRESS _____

20. UNDERTAKER H. C. Rawson Safford