

2109

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

State File No. 155 Registered No. 80

1. PLACE OF DEATH County Graham State Arizona District or Township Safford City Safford No. Morris - Squibb Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) 2. FULL NAME Seymour B. Hoopes (a) Residence No. Central Ariz. St. Ward. Length of residence in city or town where death occurred 2 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. Married 6. DATE OF BIRTH (month, day and year) May 22 1896 7. AGE Years 33 Months 2 Days 15 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) Thatcher Ariz 10. NAME OF FATHER John Hoopes 11. BIRTHPLACE OF FATHER (city or town) (State or country) Provo Utah 12. MAIDEN NAME OF MOTHER Mary Isabel Horn 13. BIRTHPLACE OF MOTHER (city or town) (State or country) Salt Lake City Utah 14. Informant H. W. Dayton (Address) Central 15. Filed 6/16 1929 J. H. Fletcher Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 6 1929 Month Day Year 17. I HEREBY CERTIFY, That I attended deceased from May 31, 1929 to June 6 1929 that I last saw him alive on June 6 1929 and that death occurred, on the date stated above, at 2:30 pm. The CAUSE OF DEATH* was as follows: Myocarditis Acute Regurgitation Arteriosclerosis (duration) yrs. mos. ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. 18. Where was disease contracted while in U.S. Army If not at place of death? No Date of Did an operation precede death? No Date of 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 Thatcher DATE OF BURIAL June 8 1929 ADDRESS Thatcher 20. UNDERTAKER Oscar Tyler Thatcher

it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain c