

2036

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

1. PLACE OF DEATH County: Graham State: Arizona District or Township: Safford City: No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME: Raymond Hartley Burnett (a) Residence No.: Thatcher 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: American white 5. SINGLE, MARRIED, WIDOWED or DIVORCED: [checked]

6. DATE OF BIRTH (month, day and year): June 10, 1926 7. AGE: 3 years, 10 months, 2 days IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town): Thatcher (State or country):

10. NAME OF FATHER: B. H. Burnett

11. BIRTHPLACE OF FATHER: Peunisch (State or country): (city or town): Ariz.

12. MAIDEN NAME OF MOTHER: Deloris Masdy

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

14. Informant: Mrs. Julia Windsor (Address):

15. Filed: 5/18/1930 Registrar: R. N. Stratton

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): April 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1930 to April 12, 1930, that I last saw him alive on April 12, 1930 and that death occurred, on the date stated above, at 4:30 p.m. The CAUSE OF DEATH* was as follows: Epidemic meningitis - cerebrospinal

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Don't know Did an operation precede death? yes Date of: spinal puncture Was there an autopsy? no What test confirmed diagnosis? (Signed) R. D. Hyden, M. D. (Address) Phoenix, Ariz. 1930

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 Ariz DATE OF BURIAL: 4/13/30

20. UNDERTAKER: Mrs. Julia Windsor ADDRESS: Thatcher

fully 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.

By C. H. [Signature]