

9779

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

1. PLACE OF DEATH
County Pima State Arizona
City Tucson No. Southern Methodist Hospital
2. FULL NAME Joe H. Boyd
(a) Residence, No. Flying V. Ranch
Length of residence in city or town where death occurred 30 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed
6. DATE OF BIRTH (month, day and year) May 24 - 1915
7. AGE Years 55 Months 8 Days 27
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Rancher
9. BIRTHPLACE (city or town) Perth (State or country) Ontario - Canada
10. NAME OF FATHER James Boyd
11. BIRTHPLACE OF FATHER Merrickville (State or country) Canada
12. MAIDEN NAME OF MOTHER Jessie Bell
13. BIRTHPLACE OF MOTHER Dundreie (State or country) Scotland

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 21 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1931 to Feb 21 1931
and that death occurred, on the date stated above, at 7:45 P.M.
The CAUSE OF DEATH was as follows:
Fracture of skull
Automobile accident.

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

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? Examination
(Signed) W.M. Lane M.D.
Feb 24 1931 (Address) Tucson

* 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 Phoenix, Ariz. DATE OF BURIAL Feb. 26-31.

20. UNDERTAKER Arizona Mortuary Inc ADDRESS Tucson Ariz.

MARGIN RESERVED FOR BINDING
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.

PARENTS

14. Informant George Boyd (Address) Haighton - Nebraska
15. Filed 2-28-31 Dr. A. Kinross Registrar.