9178

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 74

Local Registrar's No. 78

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. PLACE OF DEATH

County Graham State Ariz

District or Township S Ford or Village ____ or

City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Rex Buchno

(a) Residence, No. S Ford St., ____ Ward. ____

(Usual place of abode) (If non-resident, give city or town and State)

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: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6. DATE OF BIRTH (month, day and year): 7/18/31

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: none

(b) General nature of industry, business or establishment in which employed (or employer): no

(c) Name of employer: S Ford

9. BIRTHPLACE (city or town) S Ford (State or country) Ariz

PARENTS

10. NAME OF FATHER Wm H. Buchno

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

12. MAIDEN NAME OF MOTHER Maria Alred

13. BIRTHPLACE OF MOTHER ____ (city or town) Old Mexico (State or country)

14. Informant Wm H. Buchno

(Address) S Ford, Ariz

15. Filed Aug-8-1931 J. N. Stadon Registrar.

By O. H. Lopez

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 18 1931 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/18, 1931 to 7/18, 1931

that I last saw ~~him~~ alive on 7/18, 1931

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH was as follows:

Peritonitis Burst

Appendix Chronic

____ (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? no

What test confirmed diagnosis? ____

(Signed) J. N. Stadon, M. D.

19 ____ (Address) S Ford

* 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: Cancis Beach

DATE OF BURIAL: 7/19/31

20. UNDERTAKER: Wade Rowan

ADDRESS: S Ford