

7458

MARGIN RESERVED FOR BINDING. Every item of information should be care-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.

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

State File No. 1330a
Registered No. 31

1. PLACE OF DEATH
County Mohave State Arizona
District or Township Kingman or Village on the desert
City _____ No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number). Ward _____

2. FULL NAME RAYBURN ROSCOE GARNER
(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____
(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 <u>MALE</u>	4. COLOR or RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>SINGLE</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day and year) <u>Dec 19th 1880</u>				
7. AGE <u>50</u>	Years	Months <u>6</u>	Days <u>8</u>	IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Electrical Engineer</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>unemployed</u> (c) Name of employer _____				
9. BIRTHPLACE (city or town) <u>Granbury</u> (State or country) <u>Texas</u>				
10. NAME OF FATHER <u>James Henry Garner</u>				
11. BIRTHPLACE OF FATHER <u>Hardin</u> (State or country) <u>Tennessee</u>				
12. MAIDEN NAME OF MOTHER <u>Fanny Mitchell</u>				
13. BIRTHPLACE OF MOTHER <u>Vixburg</u> (State or country) <u>Mississippi</u>				
14. Informant <u>Roger Craven Garner</u> (Address) <u>Shawnee, Oklahoma</u>				
15. Filed <u>Aug 8</u> , 19 <u>31</u> <u>Walter Payne</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) about July 27th 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
Found dead on Desert, Probably died from exposure and heat.

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? _____
What test confirmed diagnosis? By Official Coroner
(Signed) J. W. ... M.D.
Aug 8th 1931 (Address) Chloride, 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, Granbury, Texas DATE OF BURIAL Aug 8 - 31

20. UNDERTAKER Kingman Coy ADDRESS Kingman Coy