

4691

MARGIN KEPT 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.

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

1. PLACE OF DEATH  
 County Yuma State Arizona State File No. 338a  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Quantico No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number). Ward \_\_\_\_\_  
 2. FULL NAME Rolla D. Tolladay  
 (a) Residence. No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. mos. ds. Home 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. Widowed  
 (Write the word)

6a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) \_\_\_\_\_

7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
49 7 13

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) Cattlemans  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Hydesville (State or country) California

10. NAME OF FATHER Lemuel E. Tolladay

11. BIRTHPLACE OF FATHER Illinois (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Martha A. Wells

13. BIRTHPLACE OF MOTHER California (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

14. Informant Hattie D. Tolladay (Address) Los Angeles, Calif

15. Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar. Emelia H. Moore

Coroner's CERTIFICATE OF DEATH

16. DATE OF DEATH July 26 1931  
 Month Day Year

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_ that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred, on the date stated above, at 12:05 P.M. The CAUSE OF DEATH\* was as follows:  
Apoplexy

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

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? Ex-officio Coroner  
 (Signed) Chas. P. Mott \_\_\_\_\_  
July 26 1931 (Address) Quantico

\* 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 Blythe, California DATE OF BURIAL July 26 1931

20. UNDERTAKER Home J. Brown ADDRESS Blythe, Calif