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STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 353

1. PLACE OF DEATH
County Yavapai State Arizona
Township Prescott or Village
City Prescott No.
Length of residence in city or town where death occurred...

2. FULL NAME Lee J. Stayner
(a) Residence: No. Hotel Laurel St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Levina stayner

6. DATE OF BIRTH (month, day, and year) 7/18/66

7. AGE 65 Years 1 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) California (State or country)

13. NAME Stayner

14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Elizabeth Houston

16. BIRTHPLACE (city or town) No record (State or country)

17. INFORMANT Mrs. Levina Stayner, Prescott, Arizona (Address)

18. BURIAL, CREMATION OR REMOVAL Place Mt. View Cemetery Date 8/29/31, 19...

19. UNDERTAKER (Address) Prescott, Arizona

20. Filed 8/29/31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/27/31 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19th 1931 to Aug. 20th 1931. I last saw him alive on Aug 20th 1931; death is said to have occurred on the date stated above, at...

The principal cause of death and related causes of importance were as follows:

Carcinomatosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? MW

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D. Prescott, Arizona.

MARGIN RESERVED FOR BINDING
N. B.—WRITE IN INK ONLY, 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.