1199

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.

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 435
County Registrar's - No.
Local Registrar's - No. 1

PLACE OF DEATH

1. County Navajo
District Clay Springs
Town or City ..... No. ..... St. ..... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Joseph Grant Brewer

(a) Residence. No. Clay Springs, Ariz St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 wks ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)

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

6. DATE OF BIRTH (month, day and year) June 24, 1932

7. AGE — Years | Months | Days 21 | IF LESS than 1 day ..... hrs. or ..... min.

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)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Clay Springs Ariz

PARENTS

10. NAME OF FATHER Geo. Grant Brewer
11. BIRTHPLACE OF FATHER Virgin City (city or town) Utah (State or country)
12. MAIDEN NAME OF MOTHER Lydia E. Ellsworth
13. BIRTHPLACE OF MOTHER Taylor (city or town) Ariz (State or country)

14. Informant (Address)

15. Filed July 16, 1932 Mrs. J. E. Brewer Local Registrar.
Filed ....., 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 15 1932

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to July 14, 1932 that I last saw him alive on July 14, 1932 and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH* was as follows:
Idiopathic hemorrhage from umbilicus
..... (duration) ..... yrs. ..... mos. 2 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? —
What test confirmed diagnosis? —
(Signed J. N. Heywood M. D.
July 19, 1932 (Address) Snowflake

* 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 Pinedale, Ariz
DATE OF BURIAL July 17, 1932

20. UNDERTAKER
ADDRESS