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

State File No. 316

Local Registrar's No. .....

1. PLACE OF DEATH

County Navajo State Arizona

District or Township 6

City Taylor or Village .....

No. ..... St., ... Ward .....

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

(a) Residence, No. ..... 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. 4 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)

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

6. DATE OF BIRTH (month, day and year) Aug-1-1932

7. AGE: Years ..... Months 4 Days 22 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) Taylor (State or country) Arizona

PARENTS

10. NAME OF FATHER Arthur Palmer

11. BIRTHPLACE OF FATHER Snowflake (city or town) (State or country) Navajo - Arizona

12. MAIDEN NAME OF MOTHER Pauline Gibbons

13. BIRTHPLACE OF MOTHER St Johns (city or town) (State or country) Apache - Arizona

14. Informant .....

(Address) .....

15. Filed Dec 28, 1932 E. M. Kartchner Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec (Month) 22 (Day) 1932 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932 to Dec 22, 1932 that I last saw him alive on Dec 22, 1932 and that death occurred, on the date stated above, at 9:20 a. m. The CAUSE OF DEATH* was as follows:

Influenza with Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (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? .....

(Signed) J. M. Kellywood, M. D.

Dec. 28, 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

DATE OF BURIAL Dec 23

20. UNDERTAKER

ADDRESS Taylor

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

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