

1236

MARGIN RESERVED FOR BINDING
N. B.—WRITE PENCILLY, 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.

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

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

2. FULL NAME Vincent Lewis Wasson
 (a) Residence: No. Snowflake St. _____ Ward. _____
 (Usual place of abode) (If no resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)			21. DATE OF DEATH (month, day, and year) <u>Aug 12th 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 10, 1934, to Aug 12, 1934</u> I last saw <u>him</u> alive on <u>Aug 12, 1934</u> ; death is said to have occurred on the date stated above, at _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>Aug 10 - 1934</u>					The principal cause of death and related causes of importance were as follows: <u>Atelectasis</u>	
7. AGE		Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset
				<u>2</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			11. Total time (years) spent in this occupation _____	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____			Other contributory causes of importance:	
12. BIRTHPLACE (city or town) _____ (state or country)						
13. NAME <u>Russ Perry Wasson</u>						
14. BIRTHPLACE (city or town) <u>Hartsville</u> (State or country) <u>W. Va.</u>						
15. MAIDEN NAME <u>Orucilla Willis</u>						
16. BIRTHPLACE (city or town) <u>Snowflake</u> (State or country) <u>Arizona</u>						
17. INFORMANT _____ (Address)						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Snowflake</u> Date <u>Aug 13, 1934</u>						
19. UNDERTAKER <u>Paul Butler</u> (Address) <u>Snowflake</u>						
20. Filed <u>Sept 20th 1934</u> <u>J. H. Frost</u> Registrar.						
Name of operation _____ Date of _____					What test confirmed diagnosis? _____ Was there an autopsy? _____	
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) <u>J. M. Keywood</u> M. D. (Address) <u>Snowflake</u>						