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Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 127A
REGISTERED NO. 75a

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA
TOWNSHIP West of Buckeye OR VILLAGE _____ OR
CITY _____ NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

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 Charles C. Traylor HOW LONG IN STATE WHEN DEATH OCCURRED? 16 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. _____ ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12-2-34</u> , 19	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ TO _____, 19
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			I LAST SAW HIM ALIVE ON <u>19</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1935</u> M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1880</u>			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
7. AGE <u>54</u> YEARS <u>8</u> MONTHS <u>29</u> DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>		<u>Coroners jury verdict that he came about his death as a result of gunshot wounds self inflicted.</u> OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Alabama</u>			NAME OF OPERATION _____ DATE OF _____	
13. NAME <u>John Traylor</u>			WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Alabama</u>			23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, CRIMINAL <u>yes</u> DATE OF INJURY _____ 19	
15. MAIDEN NAME <u>Fannie Smith</u>			WHERE DID INJURY OCCUR? <u>About 15 M.N. of Buckeye, Ariz</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Alabama</u>			SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
17. INFORMANT (ADDRESS) <u>J. L. Traylor 1614 Walnut, Phoenix</u>			MANNER OF INJURY _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Lawn Cem.</u> DATE <u>2-28-35</u> , 19			NATURE OF INJURY _____	
19. EMBALMER { LICENSE NO. _____ SIGNATURE _____ FUNERAL DIRECTOR <u>A. L. ...</u> ADDRESS <u>Phoenix, Ariz</u>			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
20. FILED <u>3-5</u> , 19 <u>35</u> REGISTRAR <u>R. L. ...</u>			IF SO, SPECIFY (SIGNED) <u>Coroner.</u> M. D. (ADDRESS) <u>Buckeye, Arizona</u>	

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.