

743

MARGIN RESERVED FOR BINDING
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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH STATE FILE NO. 126

COUNTY Graham STATE ARIZONA REGISTERED NO. 8
TOWNSHIP Payson OR VILLAGE _____ OR _____
CITY Payson 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: 1 YRS. 10 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 1860 YRS. 10 MOS. 0 DS.
2. FULL NAME Archie L. Wilton HOW LONG IN STATE WHEN DEATH OCCURRED? 1 YRS. 10 MOS. 0 DS.
(A) RESIDENCE: NO. Payson Ariz ST. Ariz WARD. _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF C. Harley Wilton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-7-1852
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 82 4 23
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. Housewife
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Utah
13. NAME S. E. Phason
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Utah
15. MAIDEN NAME Merrill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Utah
17. INFORMANT (ADDRESS) Perez Toesch
18. BURIAL, CREMATION, OR REMOVAL PLACE Payson DATE 2-1- 35
19. EMBALMER (LICENSE NO. _____) SIGNATURE _____ FUNERAL DIRECTOR Wm. Buswell ADDRESS _____
20. FILED 2/9/35 REGISTRAR (ADDRESS) Payson, Arizona

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-35
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 1-23- 35 TO 1-23- 35
(LAST SAW ALIVE ON 1-30- 35 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:15 P. M.)
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Fall & Fracture Left Humeral
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Age
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 1-29- 35
WHERE DID INJURY OCCUR? in home (SPECIFY CITY OR TOWN, COUNTY AND STATE)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____
MANNER OF INJURY Not Caught in Stone
NATURE OF INJURY Leg Fall & Fracture Hip
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY (SIGNED) J. W. Harrison M. D. (ADDRESS) Payson, Arizona

10M-10-6-34-REG. GAZ. PRINTERY- FORM 3 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION