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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

STANDARD CERTIFICATE OF DEATH STATE FILE NO. **310**

1. PLACE OF DEATH
 COUNTY Navajo STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP Fort Apache Indian Res; OR VILLAGE _____ OR _____
 CITY Whiteriver, Arizona 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 28 YRS. 4 MOS. 6 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? YRS. MOS. DS.
 2. FULL NAME Wilbur Aday HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.
 (A) RESIDENCE: NO. Whiteriver, Arizona 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>Indian 4/4</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9-26-35</u> , 19	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) <u>Wife</u> <u>Lillian Forest</u>					22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Unattended by physician</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-20-07</u>					I LAST SAW H. _____ ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.	
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. <u>28</u> <u>28</u> <u>4</u> <u>6</u>					THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Shock</u> DATE OF ONSET _____	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>labor for</u>				Died instantly	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>E.C.W.</u>					
	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) <u>Whiteriver Arizona</u>					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
FATHER	13. NAME <u>Elmer Aday</u>				NAME OF OPERATION _____ DATE OF _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Whiteriver Arizona</u>				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
MOTHER	15. MAIDEN NAME <u>Martha Aday (Dead)</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>ACC</u> DATE OF INJURY <u>9/26, 1935</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____				WHERE DID INJURY OCCUR? <u>Public place Whiteriver, Ariz</u> <small>(SPECIFY CITY OR TOWN, COUNTY AND STATE)</small>	
17. INFORMANT (ADDRESS) <u>Charles Larzelere Whiteriver, Arizona</u>					SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>Public Place</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Whiteriver, Arizona 9-28-35, 19</u>					MANNER OF INJURY <u>Struck by lightning</u> NATURE OF INJURY <u>Shock</u>	
19. EMBALMER } LICENSE NO. <u>None</u> FUNERAL DIRECTOR } SIGNATURE <u>Mission Lutheran Whiteriver, Arizona</u>					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____	
20. FILED <u>11/5</u> , 19 <u>35</u> <u>9/26</u> REGISTRAR					IF SO, SPECIFY (SIGNED) <u>Charles Larzelere</u> M.D. (ADDRESS) <u>Whiteriver, Arizona</u>	

10M-11-22-34-REP-GAZ PRINTERY-FORM 3 BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION