

2638

Arizona State Board of Health

STATE FILE NO. 91a

BUREAU OF VITAL STATISTICS

ARIZONA

REGISTERED NO.

1. PLACE OF DEATH  
STANDARD CERTIFICATE OF DEATH

COUNTY Greenlee OR TOWNSHIP Puerco OR VILLAGE \_\_\_\_\_ NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_

CITY \_\_\_\_\_ (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: 8 YRS. 6 MOS. 27 DS. HOW LONG IN U.S. IF OF FOREIGN BIRTH? 32 YRS. 6 MOS. 27 DS.

2. FULL NAME Zuelia June Layton HOW LONG IN STATE WHEN DEATH OCCURRED: 32 YRS. 6 MOS. 27 DS.

(A) RESIDENCE: NO. Burman Ariz ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX woman 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Selvester Layton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE 92 YEARS 6 MONTHS 27 DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. house keeper

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 13 yrs

12. BIRTHPLACE (CITY OR TOWN) Alb. Arizona (STATE OR COUNTY)

13. NAME Thomas P. Hendrix

14. BIRTHPLACE (CITY OR TOWN) Idaho (STATE OR COUNTY)

15. MAIDEN NAME Jessie Pursitt

16. BIRTHPLACE (CITY OR TOWN) Idaho (STATE OR COUNTY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE Oct 25 1935

19. EMBALMER (ADDRESS) SIGNATURE James Vernon McGrath

FUNERAL DIRECTOR (ADDRESS) SIGNATURE James Vernon McGrath

20. FILED Oct 30 1935 Registrar Ernest Ramsey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 19\_\_\_\_, TO \_\_\_\_\_, 19\_\_\_\_.

I LAST SAW HIM ALIVE ON \_\_\_\_\_, 19\_\_\_\_; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT \_\_\_\_\_ M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

ulcerative colitis DATE OF ONSET 1932

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Amoebic dysentery 1925

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? clinical WAS THERE AN AUTOPSY? no

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? no

IF SO, SPECIFY \_\_\_\_\_

(SIGNED) C. B. Humphreys M. D. (ADDRESS) Clifton, Ariz.

MARGIN RESERVED FOR BINDING

Every item of information should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important.