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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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 342

1. PLACE OF DEATH

COUNTY Mohave STATE ARIZONA REGISTERED NO. 82

TOWNSHIP Kingman OR VILLAGE

CITY Kingman NO. Mohave county hospital ST. OR WARD

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

IN CITY OR TOWN WHERE DEATH OCCURRED 37 YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

2. FULL NAME S.D. Sleeth HOW LONG IN STATE WHEN DEATH OCCURRED 37 YRS. 4 MOS. 21 DS.

(A) RESIDENCE: NO. Kingman Arizona ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

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

7. AGE YEARS 74 MONTHS 6 DAYS 12 IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

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

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

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) Macon Mo

FATHER

13. NAME Wyley Sleeth

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

MOTHER

15. MAIDEN NAME Joan Parr

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

17. INFORMANT (ADDRESS) Mohave Hospital Kingman, Ariz

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kingman Ariz DATE Apr 18 1936

19. EMBALMER { LICENSE NO. 139 SIGNATURE

FUNERAL DIRECTOR [signature]

ADDRESS Kingman, Arizona

20. FILED 4-18-36 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-36 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 4-8-36, 19, TO 4-16-36, 19

I LAST SAW H im ALIVE ON 4-16-36, 19; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9 A M M.

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

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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) [signature] M. D.

(ADDRESS Kingman, Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—1-25-26—FORM 3—100% RAG