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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Graham State ARIZONA Registered No. 124
 Township Safford or Village _____
 City Safford No. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street number)

Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME Lucille Traylor How long in State where death occurred _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. San Jose 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>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u> | | 21. DATE OF DEATH (month, day, and year) <u>Oct 11, 1936</u> | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John T. Traylor</u> | | | | 22. I HEREBY CERTIFY, That I attended deceased from <u>October 11, 1936 to October 11, 1936</u> | |
| 6. DATE OF BIRTH (month, day, and year) <u>May 28, 1888</u> | | | | I last saw her alive on <u>October 11, 1936</u> death is said to have occurred on the date stated above, at <u>1:20 A.M.</u> | |
| 7. AGE | | If LESS than 1 day, _____ hrs. or _____ min. | | The principal cause of death and related causes of importance were as follows: | |
| Years <u>48</u> | Months <u>4</u> | Days <u>13</u> | | <u>Skull fracture with concussion of brain due to Automobile accident</u> | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | | | Date of Onset _____ | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ | | | | Other contributory causes of importance: _____ | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | | | 11. Total time (years) spent in this occupation _____ | |
| 12. BIRTHPLACE (city or town) <u>Dallas, Texas.</u> | | | | | |
| 13. NAME <u>Unknown</u> | | | | | |
| 14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | | | | | |
| 15. MAIDEN NAME <u>Unknown</u> | | | | | |
| 16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | | | | | |
| 17. INFORMANT <u>John Traylor</u> (Address) <u>Solomonville, Arizona.</u> | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Solomonville, Cent.</u> Date <u>10/12/1936</u> | | | | | |
| 19. UNDERTAKER (Address) <u>116 A Safford, Arizona.</u> | | | | | |
| 20. Filed <u>Nov 9, 1936</u> <u>J. McWhorter</u> Registrar (Address) <u>Safford, Arizona.</u> | | | | | |
| | | | | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>10/11/1936</u> Where did injury occur? <u>Safford, Arizona.</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u>Public road About 125 yards from Public cemetery.</u> Manner of injury <u>Car turned over</u> Nature of injury <u>Fracture skull</u> | |
| | | | | 24. Was disease or injury in any way related to occupation of deceased? _____ | |
| | | | | If so, specify _____ (Signed) <u>A. R. Butler</u> M. D. (Address) _____ | |

10M-3-21-33 M-50301 FORM 31 Back of Certificate to be used for any Additional Information