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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** STATE FILE NO. 86  
 BUREAU OF VITAL STATISTICS REGISTERED NO. 146

1. PLACE OF DEATH  
 COUNTY Graham STATE ARIZONA  
 TOWNSHIP Safford OR VILLAGE \_\_\_\_\_  
 CITY Safford NO. Squire Hospital 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 49 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME Hugh Talley HOW LONG IN STATE WHEN DEATH OCCURRED 49 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. \_\_\_\_\_ 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 19, 1936</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Estella Norton Talley</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov. 18, 1936</u> TO <u>Nov. 19, 1936</u>	LAST SAW HIM ALIVE ON <u>Nov. 19, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2:35 P.M.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29, 1887</u>				7. AGE	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>appendicitis - acute</u> DATE OF ONSET <u>Nov. 15</u>		
YEARS <u>49</u>		MONTHS <u>6</u>	DAYS <u>21</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	GENERALIZED PERITONITIS		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>High Sheriff Safford Ariz</u>			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>4</u>			
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Safford Arizona</u>			
MOTHER	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)			13. NAME <u>D. V. A. Talley</u>			
	17. INFORMANT (ADDRESS) <u>Wm. Talley Safford Ariz</u>			14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Tennessee</u>			
15. MAIDEN NAME <u>Larrah H. West</u>			16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>North Carolina</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Removal Ariz</u> DATE <u>Nov. 20, 1936</u>			19. EMBALMER LICENSE NO. <u>116 Ariz</u> SIGNATURE <u>W. C. Rawson</u> FUNERAL DIRECTOR <u>W. C. Rawson</u> ADDRESS <u>Safford Ariz</u>			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 _____	
20. FILED <u>Dec 4, 1936</u> REGISTRAR <u>J. W. Butte</u> (ADDRESS) <u>Safford, Ariz</u>			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY _____ (ADDRESS) _____			NAME OF OPERATION <u>Laparotomy</u> DATE OF WHAT TEST CONFIRMED DIAGNOSIS <u>Cluesel</u> WAS THERE AN AUTOPSY? <u>no</u>	

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