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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		State File No. 250	
County	Maricopa	State	ARIZONA
Township		or Village	
City	Phoenix	No.	4223 North Longview
Length of residence in city or town where death occurred		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
16 yrs. mos. ds.		How long in State if foreign birth? 16 yrs. mos. ds.	
2. FULL NAME		How long in State when death occurred? 16 yrs. mos. ds.	
JOHN CALHOUN MAYFIELD		(If not within city or town and state)	
(a) Residence: No. 4223 North Longview		St.,	
(Usual place of abode)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)	
Male	White	Married	
5a. If married, widowed, or divorced			
HUSBAND of (or) WIFE of Virginia Bell Mayfield			
6. DATE OF BIRTH (month, day, and year) Mar. 10, 1870			
7. AGE	Years	Months	Days
67	0		5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
Retired Farmer			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Collins, Mississippi			
(State or Country)			
13. NAME William Carter Mayfield			
14. BIRTHPLACE (city or town) Mississippi			
(State or Country)			
15. MAIDEN NAME Charitay Keys			
16. BIRTHPLACE (city or town) Mississippi			
(State or Country)			
17. INFORMANT Virginia Bell Mayfield			
(Address) 4223 N. Longview, Phoenix, Ariz.			
18. BURIAL, CREMATION, OR REMOVAL Burial			
Place Forest Lawn Date 3-17-37 19.			
19. EMBALMER License No. 284			
Signature Sam W. Warner			
FUNERAL DIRECTOR A. L. Moore and Sons			
Address Phoenix, Arizona			
20. Filed 3-20-1937			
Registrar B. W. S.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) Mar. 15, 1937			
22. I HEREBY CERTIFY That I attended deceased from Feb. 28 1937 to Mar. 13 1937			
I last saw him alive on Mar. 13 1937			
death is said to have occurred on the date stated above, at 12:45 P.M.			
The principal cause of death and related causes of importance were as follows:			
Cerebral Hemorrhage			
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) M. D.			