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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: Yuma State: **ARIZONA** State File No. 70
Township: _____ City: Christmas or Village: _____ Registered No. _____

Length of residence in city or town where death occurred: _____ (If death occurred in a hospital or institution, give its NAME, Street and Number) _____ Ward _____
2. FULL NAME Alfred Orby Jr How long in U. S. (if of foreign birth) yrs. mos. ds. _____
(a) Residence: No. _____ How long in State when death occurred yrs. mos. ds. _____
(Usual place of abode) St. _____ Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Aug 1, 1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 _____

12. BIRTHPLACE (city or town) (state or country) Christmas Arizona

13. NAME Alfred Orby

14. BIRTHPLACE (city or town) (State or country) Yuma Arizona

15. MAIDEN NAME Esther Peterson

16. BIRTHPLACE (city or town) (State or country) Christmas Arizona

17. INFORMANT (Address) Alfred Orby

18. BURIAL, CREMATION, OR REMOVAL Place Winkelman Arizona Date Aug 2, 1937

19. UNDERTAKER (Address) Alfred Orby Jr

20. Filed Aug 2, 1937 Registrar O. J. Hutton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1, 1937
I HEREBY CERTIFY That I attended deceased from _____, 1937, to _____, 1937.
I last saw him alive on Aug 17, 1937 death is said to have occurred on the date stated above, 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Immaturity 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:
Suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city of 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) Charles H. Hutton M.D.
(Address) Winkelman