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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 STATE FILE NO. 84

1. PLACE OF DEATH
COUNTY Graham STATE ARIZONA REGISTERED NO. 64
TOWNSHIP Brown OR VILLAGE Bryce
CITY _____ NO. _____ 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 _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Joseph Walter Bryce HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ D.
(A) RESIDENCE NO. Bryce HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ D.
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1872

7. AGE 66 YEARS MONTHS _____ DAYS 9 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

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

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 COUNTY) Utah

13. NAME Ebenezer Bryce

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

15. MAIDEN NAME Mary Ann Park

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

17. INFORMANT (ADDRESS) Sec. A. Reck

18. BURIAL, CREMATION, OR REMOVAL PLACE Bryce Ariz DATE July 19 1938

19. EMBALMER (ADDRESS) _____ LICENSE NO. _____ SIGNATURE N. C. Rawson FUNERAL DIRECTOR ADDRESS Jefferson Ave

20. FILED Aug 9, 1938 REGISTRAR (SIGNED) _____ (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-38

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 19____ TO _____ 19____ I LAST SAW HIM ALIVE ON 7-12, 1938; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:30 P

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Acute Indigestion DATE OF ONSET 2 days

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 ALL 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) W. B. Platt M. I. _____ (ADDRESS) _____