

2118

99 ✓  
099

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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Greenlee State ARIZONA  
 Township Duncan or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. Route L Box 21 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME last of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if foreign birth? \_\_\_\_\_ yrs. mos. ds.  
 How long in state when death occurred? 60 yrs. mos. ds.

2. FULL NAME Almeda Marantha Layton  
 (a) Residence: No. \_\_\_\_\_ (Usual place of abode) St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

---

**PERSONAL AND STATISTICAL PARTICULARS**

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

6a. If married, widowed, or divorced  
 HUSBAND of Albert Thomas Layton  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Apr. 18, 1870

|           |       |          |      |                    |
|-----------|-------|----------|------|--------------------|
| 7. AGE    | Years | Months   | Days | If LESS than 1 day |
| <u>68</u> |       | <u>7</u> |      | hrs. or min.       |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Three mile creek  
 (State or Country) Boxelder co. Utah.

13. NAME Myrum H. Tippetts

14. BIRTHPLACE (city or town) Illinois  
 (State or Country) \_\_\_\_\_

15. MAIDEN NAME Marry E. Tippetts

16. BIRTHPLACE (city or town) Missouri  
 (State or Country) \_\_\_\_\_

17. INFORMANT Sister  
 (Address) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 Place Franklin Date 10/12, 1938

19. EMBALMER { License No. none  
 Signature \_\_\_\_\_

FUNERAL DIRECTOR none  
 Address \_\_\_\_\_

20. Filed Nov. 1, 1938 Eugene Romney Registrar

---

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Oct. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1937, to Oct. 11, 1938

I last saw her alive on Oct. 11, 1938, death is said to have occurred on the date stated above, at 3 PM.

The principal cause of death and related causes of importance were as follows:

|                                |                              |
|--------------------------------|------------------------------|
| <u>Cerebral Hemorrhage</u>     | Date of Onset <u>10/9/38</u> |
| <u>Cardiac De-compensation</u> | <u>10/1/38</u>               |
| <u>Atrophic Arthritis</u>      | <u>4 years</u>               |
| <u>Branchial Asthma</u>        | <u>30 years</u>              |

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? NO

If so, specify \_\_\_\_\_  
 (Signed) Karl L. Fife M. D.  
 (Address) Greenlee, Ariz.