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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. _____

1. PLACE OF DEATH
County Graham State ARIZONA Registered No. 26
Township Safford or Village _____
City Safford No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.
2. FULL NAME Lee Nathan Stratton Sr. How long in State when death occurred? 74 yrs. 3 mos. 25 ds.

(a) Residence: No. Safford, Arizona 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>2/25</u> , 19 <u>39</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>February 25, 1939</u> to <u>February 25, 1939</u> I last saw him <u>live</u> on <u>2/25/</u> , 19 <u>39</u> ; death is said to have occurred on the date stated above, at <u>5:00</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Cerebral apoplexy</u> Date of Onset _____ Other contributory causes of importance: _____
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Elizabeth Stratton</u>	6. DATE OF BIRTH (month, day, and year) <u>October-28-1864</u>		7. AGE		
		Years <u>74</u>	Months <u>5</u>	Days <u>25</u>	
		If LESS than 1 day, ____ hrs. or ____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jurist</u>				
	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) <u>1938</u>		11. Total time (years) spent in this occupation <u>10yrs</u>			
12. BIRTHPLACE (city or town, State or Country) <u>San Antonio, TEXAS</u>					
FATHER	13. NAME <u>Nathan L. Stratton</u>				
	14. BIRTHPLACE (city or town, State or Country) <u>Mt. Holly, New Jersey</u>				
MOTHER	15. MAIDEN NAME <u>Melvinda McKinney</u>				
	16. BIRTHPLACE (city or town, State or Country) <u>Schrepsport, Louisiana</u>				
17. INFORMANT (Address) <u>Lee Stratton Jr., Tucson, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Safford, Arizona</u> Date <u>2/27/</u> , 19 <u>39</u>					
19. EMBALMER License No. <u>LIE L.</u>					
FUNERAL DIRECTOR Signature <u>H. C. Rawson</u>					
Address <u>Safford, Arizona</u>					
20. Filed <u>March 9, 1939</u> Registrar					
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 <u>F. W. Butler</u> M. D. (Signed) _____ (Address) <u>Safford, Arizona</u>					

20. Filed March 9, 1939 Registrar

Form 8 100% Reg. Back of Certificate to be used for any Additional Information