4338

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. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 275
County Registrar's - No.
Local Registrar's - No. 1

1003

PLACE OF DEATH

1. County Navajo
District Lauzon
Town or city
No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME William Lawrence Thornton

(a) Residence. No. St., Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
male	white	widower

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

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

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
61	4	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or Country) Texas

PARENTS

10. NAME OF FATHER Lloyd Thornton
11. BIRTHPLACE OF FATHER (city or town) (State or country) unknown
12. MAIDEN NAME OF MOTHER Margaret Wood
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Illinois

14. Informant Mrs. Ella Rogers
(Address) Lindsay

15. Filed Aug 5 1939 Ella Rogers Local Registrar.
Filed 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 5 1939

17. I HEREBY CERTIFY, That I attended deceased from
, 19 to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Dr arrived after death. Stated Bad heart & internal hemorrhage caused death (duration) yrs. mos. ds.

CONTRIBUTORY (secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? date of
Was there an autopsy?
What test confirmed diagnosis?
Signed J. H. Heywood M. D.
19 (Address) Lindsay Lake

* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lindsay Lake	Aug 6 1939
20. UNDERTAKER	ADDRESS