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92

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 92
Registered No. 710

1. PLACE OF DEATH
 County Puerco State ARIZONA
 Township Puerco or Village _____
 City Puerco No. Santa Fe Hotel 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 7 yrs. 11 mos. 2 ds. How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME John C. Hays How long in State when death occurred? 7 yrs. 11 mos. 2 ds.
 (a) Residence: Puerco Ariz (Usual place of abode) (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) Oct. 26-1929
 7. AGE Years 9 Months 11 Days 0 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 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) Puerco Arizona
 FATHER
 13. NAME Albert W. Hays
 14. BIRTHPLACE (city or town) (State or Country) Central Arizona
 MOTHER
 15. MAIDEN NAME Elise Cliff
 16. BIRTHPLACE (city or town) (State or Country) Puerco Arizona
 17. INFORMANT Mrs. Albert Hays (Address) Puerco Ariz
 18. BURIAL, CREMATION, OR REMOVAL Place Puerco Ariz Date Sept 28, 1939
 19. EMBALMER License No. _____ Signature H. C. Rawson
 FUNERAL DIRECTOR Address 744 1/2 W. 1st St. Puerco Ariz
 20. Filed Oct 19 1939 Registrar J. H. [unclear]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 26, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1939 to Sept 26, 1939
 I last saw him alive on Sept 26, 1939; death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows: accidental skull fracture hemorrhage and shock
 Date of Onset _____
 Other contributory causes of importance: Thrown from a fence and dragged
 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: accidental Date of injury Sept 26, 1939
 Where did injury occur State Co. Puerco (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place at [unclear] mile S. Puerco
 Manner of injury struck by [unclear]
 Nature of injury fractured skull
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ M. D.
 (Signed) F. W. [unclear]
 (Address) Loggans Greys

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.