2933

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. 437

1. PLACE OF DEATH

County Yavapai State ARIZONA Registered No. 253 B

Township ..... or Village Skull Valley or

City ..... 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 21 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Laura Jane Kuykendall How long in State when death occurred? 21 yrs. ..... mos. ..... ds.

(a) Residence: Skull Valley, Arizona. ; (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Widow

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

6. DATE OF BIRTH (month, day, and year) Oct. 27, 1870.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	0	21	

OCCUPATION

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

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) Paris Texas

FATHER

13. NAME Jesse M. Coffey

14. BIRTHPLACE (city or town) (State or Country) No Record "

MOTHER

15. MAIDEN NAME Eliza J. Rogers

16. BIRTHPLACE (city or town) (State or Country) No Record "

17. INFORMANT (Address) Mrs. Art. Widener Prescott, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Skull Valley Cem. Date Nov. 22, 1939

19. EMBALMER License No. 8 A Signature Lester Ruffner

FUNERAL DIRECTOR Lester Ruffner

Address Prescott, Arizona.

20. Filed 11-22, 1939 Jos. P. McNally Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/18/39

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1939 to Oct 31, 1939

I last saw her alive on Oct 31, 1939; death is said to have occurred on the date stated above, at 12:20 P.m.

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

	Date of Onset
Coronary Occlusion	9/11/39 & 11/18/39
Chronic Myocarditis	

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? .....

If so, specify .....

(Signed) J. G. Lane, M. D.

(Address) Prescott, Arizona.

10M—5-25-39 A.P. Form 3 100% Rag

Back of Certificate to be used for any Additional Information