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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 77
Registrar's No. 51

1. Place of Death: (a) County Graham (b) City or Town Central (c) Location _____
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 22 yrs; In Arizona 22 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Central
(If outside city limits write RURAL)
(d) Street No. _____; (e) If foreign born, in _____ S. A. _____ yrs.
3. (a) FULL NAME Emma May Layton (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased July 15 1917
(Month) (Day) (Year)
8. AGE: Years 22 Months 10 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Central Ariz
(City, town or county) (State & Country)

10. Usual Occupation None

11. Industry or Business _____

Father 12. Name Harry Layton
13. Birthplace Raysterville Utah
(City, town or county) (State or Country)

Mother 14. Maiden Name Emma Rasy
15. Birthplace Rasook Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature H. W. Layton
(b) Address Central Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Central (c) Date June 4 1940

18. (a) Embalmer's Signature _____
(b) Funeral Director H. E. Rawson
(c) Address Safford Ariz

19. (a) July 9th 1940
(Date received local Registrar)
(b) J. W. Ballou
(Registrar's Signature)

5M 100% Fee 5-17-40

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) June 1 1940
TIME (Hour and minute) 11 P. M.
21. I hereby certify that I attended the deceased from June 1 1940
to June 1 1940
that I last saw him alive on June 1 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Sabae Parvumoid
Due to Tricuspid regurg
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy None

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? F. W. Butler (Specify type of place) injury, M.D.
23. Signature H. W. Layton M.D.
Address Safford, Arizona Date signed June 8, 1940