

**ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

State File No. 305  
Registrar's No. 38

**STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Place of Death: (a) County Navajo (b) City or Town Winslow (c) Location Wrights Hosp  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
Length of Stay: In Hospital or Institution 5 days; In Community 5 days; In Arizona 5 days  
(Specify whether years, months or days)  
Usual Residence of Deceased: (a) State California; (b) County Los Angeles; (c) City or Town Los Angeles  
(If outside city limits write RURAL)  
Street No. New Hampshire St.; (e) foreign born in U.S. None yrs.  
(a) FULL NAME Julia Pasley (b) If veteran name war None (c) Social Security No. None (If NONE write the word)

1. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Widow</u>
3. (b) Name of husband or wife <u>Conway R. Pasley</u>		6. (c) Age of husband or wife, if alive. yrs. <u>None</u>
7. Birthdate of deceased <u>Aug. 10, 1871</u>		
3. AGE: Years Months Days <u>67 10 11</u>		
If less than one day hrs. min.		

9. Birthplace Unknown (City, town or county) (State or Country)  
10. Usual Occupation At Home  
11. Industry or Business  
12. Name Jacob Tyree  
13. Birthplace Unknown (City, town or county) (State or Country)  
14. Maiden Name Fannie Chensault  
15. Birthplace Penn. (City, town or county) (State or Country)

6. (a) Informant's own signature Frances Pasley  
(b) Address Los Angeles, Calif.  
7. (a) Burial, Cremation or Removal Removal  
(b) Place Los Angeles, Cal. (c) Date 6-23-40 1940  
8. (a) Embalmer's Signature J. M. Drumm  
(b) Funeral Director J. M. Drumm  
(c) Address Winslow, Ariz.

9. (a) 6-23-40 (Date received local Registrar)  
(b) Lorna Drumm (Registrar's Signature)

M 100% Rag 5-17-40

**MEDICAL CERTIFICATION**

20. DATE OF DEATH (Month, day and year) 6-23-40, 1940;  
TIME (Hour and minute) 4:30AM M.  
21. I hereby certify that I attended the deceased from 6-19-40 to 6-23-40, 1940;  
that I last saw her alive on 6-23-40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Due to 5 blocks from Accident  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations none  
Of autopsy none

DURATION About 12 hour 3 days  
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) Accident  
(b) Date of occurrence 6-19-40  
(c) Where did injury occur? Winslow, Navajo Co., Ariz  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3 miles East Winslow Highway #66  
(Specify type of place)  
While at work? No (e) Means of injury Pus Accident

23. Signature W. Wright M.D.  
Address Winslow, Ariz. Date signed 6-23-40