

2605

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

81

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 97

1. Place of Death: (a) County Graham (b) City or Town Thatcher (c) Location _____ (St. & No. (or) Name of Institution) _____
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 4 Mo; In Arizona 39 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Thatcher
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME David T Holladay (b) If veteran _____ (c) Social Security No. None
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Minnie Holladay 6. (c) Age of husband or wife, if alive 60 yrs.
7. Birthdate of deceased May 21 1875
(Month) (Day) (Year)
8. AGE: Years 65 Months 5 Days 7 If less than one day hrs. _____ min. _____
9. Birthplace Utah
(City, town or county) (State or Country)
10. Usual Occupation Carpenter
11. Industry or Business _____
Father { 12. Name John D Holladay
13. Birthplace Calif.
(City, town or county) (State or Country)
Mother { 14. Maiden Name Rebecca Dall
15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature L. E. Holladay
(b) Address Safford, Ariz
17. (a) Burial, Cremation or Removal Private Burial
(b) Place Puna (c) Date Oct 30, 40
18. (a) Embalmer's Signature W. E. Ransay
(b) Funeral Director W. E. Ransay
(c) Address Safford, Ariz
19. (a) Nov 9th, 1940
(Date received local Registrar)
(b) J. V. Stratton M.D.
(Registrar's Signature) Y.O.A. Pina

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 28 1940;
TIME (Hour and minute) 4 P. M.
21. I hereby certify that I attended the deceased from 10-12-40
10-28, 1940 to _____, 19____;
that I last saw him alive on 10-28-40, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Indigestion
Due to Vomiting & Diarrhea
Due to Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature W. E. Ransay M. D.
Address Safford, Ariz Date signed 10/31/40