108

97

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 94.
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Graham (b) City or Town Safford (If outside city limits also write RURAL) (c) Location Morris Squibb Hosp. (St. & No. (or) Name of Institution) 820 8th Ave Morris Squibb. 4 days; In Community ~~33~~ 4 days Arizona 33 9208th Ave
(d) Length of Stay: In Hospital or Institution (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Safford (If outside city limits also write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Ivan Layton Pace (b) If veteran name war None (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 Christa Pace | 6. (c) Age of husband or wife, if alive 33 yrs.

7. Birthdate of deceased July (Month) 28 (Day) 1908 (Year)

8. AGE: Years 33 | Months 11 | Days 3 | If less than one day hrs. min.

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

10. Usual Occupation Farmer

11. Industry or Business

Father
12. Name Samuel Pace
13. Birthplace (City, town or county) Arizona (State or Country)

Mother
14. Maiden Name Isabell Layton
15. Birthplace Thatcher (City, town or county) Ariz. (State or Country)

16. (a) Informant's own signature Christa Pace
(b) Address Thatcher Arizona

17. (a) Burial, Cremation or Removal ~~Thatcher~~ Burial
(b) Place Thatcher (c) Date Nov 21 1941

18. (a) Embalmer's Signature [signature]
(b) Funeral Director W. C. Ransom
(c) Address Safford. Ariz

19. (a) Dec 9th, 1941 (Date received local Registrar)
(b) J. U. Stratton M.D. (Registrar's Signature) By O. H. Lopez

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 19, 1941;
TIME (Hour and minute) 2-30 P. M.

21. I hereby certify that I attended the deceased from November 14, 1941 to November 19, 1941;
that I last saw him alive on November 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bi-Lateral Bronchopneumonia

Due to ✓

Due to ✓

Other conditions Sciatic Neuritis (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

DURATION
48 Hours

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 Lyle G. Condell M. D.
Address Safford, Arizona Date signed 11-24-41