4267

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 104
Registrar's No. 7

1. Place of Death: (a) County Greenlee (b) City or Town Morenci (If outside city limits also write RURAL) (c) Location Morenci Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 days; In Community 42 yrs (Specify whether years, months or days); In Arizona 42 yrs

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

3. (a) FULL NAME Albert Thomas Layton (b) If veteran name war [illegible] (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: widowed
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Dec. (Month) 28, (Day) 1864 (Year)

8. AGE: Years 78 | Months | Days | If less than one day hrs. min.

9. Birthplace Cageville (City, town or county) Utah (State or Country)

10. Usual Occupation Farmer

11. Industry or Business

Father
12. Name Christopher Layton
13. Birthplace Sidney Australia (City, town or county) (State or Country)

Mother
14. Maiden Name Rose Layton
15. Birthplace England (City, town or county) (State or Country)

16. (a) Informant's own signature Nile Layton
(b) Address Duncan, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Duncan Ariz (c) Date Jan 27 1942

18. (a) Embalmer's Signature
(b) Funeral Director Family
(c) Address Duncan Ariz

19. (a) Jan 27 - 1942 (Date received local Registrar)
(b) D Monsler (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan 27, 1942;
TIME (Hour and minute) 12:30 A. M.

21. I hereby certify that I attended the deceased from 1/24, 1942 to 1/29, 1942; that I last saw him alive on 1/26, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Asthma

Due to

Due to

Other conditions Mitral Regurgitation (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 [illegible] M. D.
Address Morenci Ariz Date signed 1/27-42