ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION 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 11 hrs before Birth In Community ; in Arizona
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State ; (b) County ; (c) City or Town (If outside city limits also write RURAL)

(d) Street No. Still Born ; (e) Citizen of foreign country (yes or No) If Yes, which country

3. (a) FULL NAME Harry Richard Payne (b) If Veteran name war (c) Social Security No.

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Baby

6. (b) Name of husband or wife: Baby
6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Feb 17 (Month) (Day) 1944. (Year)

8. AGE: Years | Months | Days | If less than one day hrs. min. Still born
New Born

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

10. Usual Occupation Still Born

11. Industry or Business

Father
12. Name Glen F. Payne.
13. Birthplace Dublan (City, town or county) Old Mexico (State or Country)

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

16. (a) Informant's own signature Glen F. Payne
(b) Address Morenci Ariz

17. (a) Burial, Cremation or Removal Removal
(b) Place Safford Ariz (c) Date 2-17 1944

18. (a) Embalmer's Signature
(b) Funeral Director Damele
(c) Address Morenci Arizona

19. (a) 2-17-44 (Date received local Registrar)
(b) Guy Strickland (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb (17) 17, 1944.
TIME (Hour and minute) Unknown - Still born M.

21. I hereby certify that I attended the deceased from Feb 17, 1944 to Feb 17, 1944; that I last saw h. alive on Still born, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Intra-uterine asphyxia
Due to Premature
Due to placental separation
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Same as above
Of autopsy

DURATION
18 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 Robt. A. Elliott M. D.
Address Morenci, Ariz. Date signed 2-17-44

20M 100% Rag 8-42 B. Co. County File No. Date Received