2683

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

360

State File No.
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Mohave (b) City or Town Rural (If outside city limits write RURAL) (c) Location (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution —; In Community —; In Arizona (Specify whether years, months or days)

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

(d) Street No. —; (e) If foreign born, in U. S. A. — yrs.

3. (a) FULL NAME Joseph Hardy (b) If veteran name war (c) Social Security No. 529-05-5205 (If NONE write the word)

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

6. (b) Name of ~~husband~~ or wife Eva Gifford
6. (c) Age of ~~husband~~ or wife, if alive 43 yrs.

7. Birthdate of deceased Feb. (Month) 26 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
46	11	74	hrs. min.

9. Birthplace Colonia Pacheco, Mexico (City, town or county) (State or Country)

10. Usual Occupation Sheep Herder

11. Industry or Business

Father
12. Name John Dean Hardy
13. Birthplace St George Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Lydia Jane Allen
15. Birthplace Mt. Carmel Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Charles T. Hepworth
(b) Address Orderville Kane Co, Utah

17. (a) ~~Burial, Cremation or~~ Removal Removal
(b) Place Orderville (c) Date Utah 2 1945

18. (a) Embalmer's Signature Henry Pickett
(b) Funeral Director Leo Chamberlain
(c) Address Kanab Kane Co. Utah

19. (a) Feb 24 1945 (Date received local Registrar)
(b) Roy Bundy (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) ~~Jan Feb~~ Jan 30, 1945;
TIME (Hour and minute) M.

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

Immediate cause of death

Due to

Due to

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) Hart truled corner Cordiet
(b) Date of occurrence Jan 30-1945
(c) Where did injury occur? Rural (City or Town) (County) Arizona (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 Roy Bundy M.D.
Address Mt Trumbull Date signed March 5