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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 332
Registrar's No. 11

1. Place of Death: (a) County Mohave (b) City or Town Kingman (If outside city limits also write RURAL) (c) Location At Home (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ____; In Community 9 Years (Specify whether years, months or days); In Arizona Nine Years
2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town Kingman (If outside city limits also write RURAL)
(d) Street No. ____; (e) Citizen of foreign country (Yes or No) No If Yes, which country? ____
3. (a) FULL NAME Paul Gray Hayes (b) If Veteran name war No (c) Social Security No. 527 .07.7663

4. Sex: Male
5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Mabel Hayes
6. (c) Age of husband or wife, if alive 63 yrs.
7. Birthdate of deceased Sept. (Month) 28 (Day) 1876 (Year)
8. AGE: Years 68 Months 4 Days 15 If less than one day hrs. ____ min. ____
9. Birthplace Union Springs Alabama (City, town or county) (State or Country)
10. Usual Occupation Salesman
11. Industry or Business ____
Father 12. Name Dr James Hayes
13. Birthplace Columbus Georgia (City, town or county) (State or Country)
Mother 14. Maiden Name Francis E Thomas
15. Birthplace Auburn Alab (City, town or county) (State or Country)
16. (a) Informant's own signature Mrs Paul G. Hayes
(b) Address Kingman Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Kingman (c) Date 2-15 1945
18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Van Carter Mortuary
(c) Address Kingman Arizona
19. (a) 2-15-45 (Date received Local Registrar)
(b) Mae Emery (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 12, 1945
TIME (Hour and minute) 12 00 a M.
21. I hereby certify that I attended the deceased from Nov. 15, 1944 to Feb. 12, 1945, that I last saw him alive on Feb. 11, 1945 and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of the right lung
Due to ____
Due to ____
Other conditions (Include pregnancy within three 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 Kingman, Arizona
2-13-45

40M—100% Rag—6-10-44