STANDARD CERTIFICATE OF DEATH.
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

274

State File No. 1718
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St. Monicas Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 6 Days; In Community 3 Mo.; In Arizona 3 Mo. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ky.; (b) County Floyd. (c) City or Town Prestonsburg (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 Benjamin Harrison Layne (b) If Veteran name war (c) Social Security No.

4. Sex M

5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Lula Belle

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased June 2, 1890 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 23 If less than one day hrs. min.

9. Birthplace Cliff, Ky. (City, town or county) (State or Country)

10. Usual Occupation Policeman

11. Industry or Business

Father
12. Name Jim Layne
13. Birthplace Ky. (City, town or county) (State or Country)

Mother
14. Maiden Name Virginia Dillon
15. Birthplace Ky. (City, town or county) (State or Country)

16. (a) Informant's own signature Charles Layne
(b) Address Rtl Box 625, Glendale

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 10/ 30 19 45

18. (a) Embalmer's Signature Robert E. Fitzgerald
(b) Funeral Director Neal Grimshaw
(c) Address Phoenix, Ariz.

19. (a) NOV 5 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 25, 19 45;
TIME (Hour and minute) 2:30 A.M. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1945, 19 to death, 19; that I last saw him alive on October 24, 1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia — DURATION unknown

Due to cause unknown

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

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 A. C. Kingsley M. D.
Address Phoenix, Ariz. Date signed 10-26-45

40M—100% Rag—6-10-44