ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

350

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No.

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

(d) Length of Stay: In Hospital or Institution; In Community 68 yrs (Specify whether years, months or days); In Arizona 68 yrs.

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

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

3. (a) FULL NAME Mariah Annettie Hatch Shumway (b) If veteran name war (c) Social Security No. 584 (If NONE write the word)

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

6. (b) Name of husband or wife: J. J. Shumway.
6. (c) Age of husband or wife, if alive 79 yrs.

7. Birthdate of deceased October (Month) 31 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
75		18	hrs. min.

9. Birthplace Franklin, Oneida Co. Idaho (City, town or county) (State or Country)

10. Usual Occupation 584

11. Industry or Business

Father
12. Name Lorenzo H. Hatch
13. Birthplace Vermont (City, town or county) (State or Country)

Mother
14. Maiden Name Alice Hanson
15. Birthplace Unknown England (City, town or county) (State or Country)

16. (a) Informant's own signature Alma Shumway
(b) Address Taylor, Arizona

17. (a) Burial, Cremation or Removal Buried
(b) Place Taylor (c) Date Nov. 20 1945

18. (a) Embalmer's Signature
(b) Funeral Director Perry A. Baldwin
(c) Address Taylor, Arizona

19. (a) Nov 23 rd 1945 (Date received local Registrar)
(b) E M Kartchner. (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 18th 1945;
TIME (Hour and minute) 10:30 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1945 to Nov 18th 1945; that I last saw her alive on Nov 18th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension
Diabetic for years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
Few weeks

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 J. N. Haywood M.D.
Address Snowflake Date signed 11/21, 1945