

2425

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 85
Registrar's No. 55

1. Place of Death: (a) County Gila (b) City or Town Claypool (c) Location Broad St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 4 mo; In Arizona 4 mo
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila (c) City or Town Claypool
(If outside city limits also write RURAL)
(d) Street No. Broad St. Claypool, Ariz. (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. none
3. (a) FULL NAME Billy M. Clair (b) If Veteran name war _____

4. Sex Male 5. Race White Indian Negro Oriental
6. (b) Name of husband or wife _____ 6. (a) Single, married, widowed or divorced Single
6. (c) Age of husband or wife, if alive. _____ yrs.

7. Birthdate of deceased April 16 1926
(Month) (Day) (Year)
8. AGE: Years 20 Months 4 Days 14 hrs. _____ min. _____
If less than one day

9. Birthplace St. Francis, Mo.
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business _____

Father { 12. Name B. M. M. Clair
13. Birthplace St. Francis, Mo. (State or Country)

Mother { 14. Maiden Name Bertha M. Gray
15. Birthplace St. Francis, Mo. (State or Country)

16. (a) Informant's own signature Alice Underwood
(b) Address Claypool Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz. (c) Date Sept 3 1946

18. (a) Embalmer's Signature J. May Males Jr.
(b) Funeral Director Males Mortuary
(c) Address Miami Ariz.

19. (a) _____ (Date received local Registrar) SEP 3 1946
(b) Merwin D. Crayton (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 30, 1946
TIME (Hour and minute) 6:00 P. M.
21. I hereby certify that I attended the deceased on Aug 30
_____ 1946 to _____ 1946
that I last saw h. him alive on Aug 30

and that death occurred on the date and hour stated above.
Immediate cause of death: acute myocardial infarction
Due to Chronic myocarditis
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? _____
23. Signature Merwin D. Crayton Date signed SEP 3 1946
Address Miami