2677

# ARIZONA STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS

330

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.
Registrar's No.

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

(d) Length of Stay: In Hospital or Institution 2 days (Specify whether years, months or days); In Community Life; In Arizona Life

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

(d) Street No. none; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Truman Walker (b) If veteran name war -- (c) Social Security No. -- (If NONE write the word)

4. Sex: Male
5. Color or Race: Indian
6. (a) Single, married, widowed or divorced: single
6. (b) Name of husband or wife: - -
6. (c) Age of husband or wife, if alive - yrs.

7. Birthdate of deceased April 4, 1946 (Month) (Day) (Year)

8. AGE: Years | Months 4 | Days 12 | If less than one day hrs. min.

9. Birthplace Valentine, Arizona (City, town or county) (State or Country)

10. Usual Occupation - -

11. Industry or Business - -

Father
12. Name Willie Walker
13. Birthplace Mohave Co., Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Mary Jane Jones
15. Birthplace Supai, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature Willie Walker
(b) Address Peach Springs, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Peach Springs (c) Date Aug. 28 1946

18. (a) Embalmer's Signature Willie Walker
(b) Funeral Director - -
(c) Address Peach Springs, Arizona

19. (a) Sept. 1, 1946 (Date received local Registrar)
(b) Margaret K. Aragon (Registrar's Signature) Margaret K. Aragon

5M 100% Rag 1-1-40

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 27 1946;
TIME (Hour and minute) 6:15 P.M. M.

21. I hereby certify that I attended the deceased from August 26th, 1946 to August 27, 1946;
that I last saw him alive on August 27, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dysentry — DURATION 4 weeks 5 days

Due to

Due to

Other conditions (Include pregnancy within 3 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 J. H. Mitchell MD M.D.
Address Valentine, Arizona Date signed 9-1-46