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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. 106
Registrar's No. 72

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

(d) Length of Stay: In Hospital or Institution ——; In Community 65 yrs (Specify whether years, months or days); In Arizona 65 yrs

2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Central (Rural) (If outside city limits also write RURAL)

(d) Street No.; (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Hyram L. Horton Sr (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: Widowed

6. (b) Name of husband or wife: ——

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

7. Birthdate of deceased: Nov (Month) 4 (Day) 1870 (Year)

8. AGE: Years 75 Months 11 Days 13 If less than one day hrs. min.

9. Birthplace: Utah (City, town or county) ~~Utah~~ (State or Country)

10. Usual Occupation: Farmer

11. Industry or Business: Retired

Father
12. Name: Hyram F. Horton
13. Birthplace: Unknown Ind. (City, town or county) (State or Country)

Mother
14. Maiden Name: Zina Clarkson
15. Birthplace: Unknown Eng. (City, town or county) (State or Country)

16. (a) Informant's own signature: Cecil E. Horton
(b) Address: Central Ariz

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Central Ariz (c) Date: Oct 19 1946

18. (a) Embalmer's Signature
(b) Funeral Director: W. C. Rawson
(c) Address: Safford, Ariz

19. (a) Oct 21 1946 (Date received by Local Registrar)
(b) J. N. Stratton M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): Oct 17, 1946
TIME (Hour and minute): 6-30 P.M.

21. I hereby certify that I attended the deceased from Oct 12, 1943, to Oct 17, 1946, that I last saw him alive on Oct 1, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Prostatic adenocarcinoma with metastasis.

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: R. E. Nelson M. D.
Address: Safford Ariz Date signed: Oct 18/46

s 40M—100% Rag 6-10-44