

1474

Dr. Wall

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 247

Registrar's No. 199

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Rt. 1, BOX 75
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution home; In Community 5 days
(Specify whether years, months or days) In Arizona 66 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Graham; (c) City or Town Thatcher
(If outside city limits also write RURAL)
(d) Street No. Thatcher, Arizona; (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME Lula Jane Lewis Layton (b) If Veteran name war NO (c) Social Security No. None

4. Sex Female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Oscar George Layton 6. (c) Age of husband or wife, if alive 73 yrs.
7. Birthdate of deceased April 22, 1873
(Month) (Day) (Year)
8. AGE: Years 73 Months 6 Days 23 If less than one day
hrs. min.
9. Birthplace Panguitch, Utah
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business at home
Father { 12. Name Samuel Lewis
13. Birthplace Simpson Co., Kentucky
(City, town or county) (State or Country)
Mother { 14. Maiden Name Sarah J. Huntsman
15. Birthplace Sabin County, Indiana
(City, town or county) (State or Country)

16. (a) Informant's own signature Oscar G. Layton
(b) Address Thatcher, Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place Thatcher, Ariz. (c) Date 11-23-1946
18. (a) Embalmer's Signature R. M. Daybill
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) Nov. 23 1946
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 19, 1946
TIME (Hour and minute) 3 A. M.

21. I hereby certify that I attended the deceased from Nov 19, 1946 to Nov 19, 1946
that I last saw her alive on Nov 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to _____

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION 11-19-46

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 Mark H. Wall M. D.
Address Mesa, Ariz. Date signed 11-23-46