1481

Dr. Wall

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 254
Registrar's No. 201

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

(d) Length of Stay: In Hospital or Institution 2 days; In Community 22 yrs. (Specify whether years, months or days); In Arizona 52 yrs.

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

(d) Street No. R. F. D. Rt. 1, Box 75; (e) Citizen of foreign country (Yes or No) No If Yes, which country

3. (a) FULL NAME Oscar Clyde Layton (b) If Veteran name war No (c) Social Security No. NONE ?

4. Sex: Male
5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Emma Malinda Layton
6. (c) Age of husband or wife, if alive 51 yrs.
7. Birthdate of deceased Aug. 26, 1894 (Month) (Day) (Year)
8. AGE: Years 52 Months 2 Days 25 If less than one day hrs. min.
9. Birthplace Thatcher, Arizona (City, town or county) (State or Country)
10. Usual Occupation Farmer
11. Industry or Business Self

Father
12. Name Oscar George Layton
13. Birthplace Kaysville, Utah (City, town or county) (State or Country)

Mother
14. Maiden Name Lula Jane Lewis
15. Birthplace Panguitch, Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Emma H. Layton
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Thatcher, Ariz. (c) Date 11-23- 19 46

18. (a) Embalmer's Signature R. M. Daybell
(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. 20, 19 46; TIME (Hour and minute) 4 A. M.

21. I hereby certify that I attended the deceased from Nov 18, 1946 to Nov 20, 1946; that I last saw him alive on November 20, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — DURATION

Shock — 11-18-46
Due to Ruptured pancreatic cyst — 11-18-46
Due to Chr. pancreatitis — ?

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations Ruptured pancreatic cyst, Chronic pancreatitis and extensive chemical peritonitis
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 Mark H. Wall M. D.
Address Mesa, Arizona Date signed 11-23-46

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