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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 97
Registrar's No. 51

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Graham (b) City or Town Safford. (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 1 day; In Arizona 26 yrs. (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Pima (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 Allen Keith Taylor (b) If Veteran name war 2 (c) Social Security No.

4. Sex M.
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married.
6. (b) Name of husband or wife Joy Taylor
6. (c) Age of husband or wife, if alive 28 yrs.
7. Birthdate of deceased Aug (Month) 6 (Day) 1917 (Year)
8. AGE: Years 29 Months 10 Days 19 If less than one day hrs. min.
9. Birthplace Pima (City, town or county) Ariz. (State or Country)
10. Usual Occupation Lineman
11. Industry or Business R. E. A.
Father 12. Name Wallace Taylor.
13. Birthplace Pima (City, town or county) Ariz. (State or Country)
Mother 14. Maiden Name Fr Eva Irena Cluff.
15. Birthplace (City, town or county) Mexico (State or Country)
16. (a) Informant's own signature Donald I Taylor
(b) Address Pima Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date 6/28 1947
18. (a) Embalmer's Signature
(b) Funeral Director W. C. Rawson
(c) Address Safford, Ariz
19. (a) June 30/47 (Date received Local Registrar)
(b) [signature] M.D. (Registrar's Signature) Deputy C. H. Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 25, 1947;
TIME (Hour and minute) 11-30 A. M.
21. I hereby certify that I attended the deceased from June 25, 1947 to June 25, 1947 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Electric Shock
Due to contact with 7200 Volt Wire
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) accident
(b) Date of occurrence June 25 47
(c) Where did injury occur? Safford (City or Town) Graham (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in the country (Specify type of place)
While at work? Yes (e) Means of injury Electric Shock
23. Signature [signature] M.D.
Address Safford Ariz Date signed 6/27/47

40M—100% Rag—6-45