1977

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1779
Registrar's No. 17

1. Place of Death: (a) County Mohave (b) City or Town Kingman (If outside city limits also write RURAL) (c) Location Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 days; In Community 56 yrs (Specify whether years, months or days); In Arizona 56 yrs

2. Usual Residence of Deceased: (a) State Arizona; (b) County Mohave; (c) City or Town Kingman (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 Lucky McKinley Kay (b) If veteran name war (c) Social Security No. 527-01-1547

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Reba C Kay
6. (c) Age of husband or wife, if alive 39 yrs.
7. Birthdate of deceased Dec. 31, 1891 (Month) (Day) (Year)
8. AGE: Years 56 Months 2 Days 0 If less than one day hrs. min.
9. Birthplace Mineral Park, Arizona (City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business
Father 12. Name John Kay
13. Birthplace England (City, town or county) (State or Country)
Mother 14. Maiden Name Cordelia Chapman
15. Birthplace Indiana (City, town or county) (State or Country)
16. (a) Informant's own signature Reba C. Kay
(b) Address Kingman, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Kingman, Ariz. (c) Date 3/3 1948
18. (a) Embalmer's Signature William H. Peck
(b) Funeral Director Van Marter Mortuary
(c) Address Kingman, Arizona.
19. (a) March 2, 1948 (Date received Local Registrar)
(b) Hazel M. Miller (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 1, 1948;
TIME (Hour and minute) 1:45 A.M.
21. I hereby certify that I attended the deceased from June, 1947 to March, 1948; that I last saw him alive on March 1, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac failure secondary to cicatrizing ulcer stomach
Due to
Due to Pyloric obstruction
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 Cushin A. Arnold M.D.
Address Kingman Date signed 3/1/48

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