

4116

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. 3363

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (c) Location Community Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 8 Days; In Community 5 years; In Arizona 23 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Wickenburg  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) no  
3. (a) FULL NAME Ray Brattan (b) If veteran name war yes (c) Social Security No. 527-16-1309

4. Sex male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband Elizabeth Brattan 6. (c) Age of husband or wife, if alive 49 yrs.  
7. Birthdate of deceased Dec. 21 1891  
(Month) (Day) (Year)  
8. AGE: Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Chaffee County Colorado  
(City, town or county) (State or Country)  
10. Usual Occupation Bus. Tender  
11. Industry or Business Owson  
Father { 12. Name William Hargis Brattan  
13. Birthplace unknown Penn.  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Annie Curtis  
15. Birthplace unknown England  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Elizabeth Brattan  
(b) Address Wickenburg Ariz.  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Wickenburg (c) Date 6-28-1949  
18. (a) Embalmer's Signature W. H. Coffinger  
(b) Funeral Director W. H. Coffinger  
(c) Address Wickenburg, Arizona  
19. (a) 6/30/49 (Date received Local Registrar)  
(b) Naomi Coffinger (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6-26-49 19\_\_\_\_  
TIME (Hour and minute) 7:20 A. M.  
21. I hereby certify that I attended the deceased from 6-19-49  
\_\_\_\_\_, 19\_\_\_\_ to 6-26-49, 19\_\_\_\_  
that I last saw him alive on 6-26-48, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death Peritonitis  
Due to Ruptured Colon at  
recto sigmoid junction.  
Due to Lab reports not in yet  
Other conditions appendicitis acute, operated  
(Include pregnancy within three months of death) 6-19  
Major findings: Peritonitis  
Of operations: \_\_\_\_\_  
Of autopsy Peritonitis & ruptured  
Colon  
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 J. Lloyd Brattian M. D.  
Address Wickenburg Date signed 6-30-49

DURATION  
3 days  
3 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically