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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Greenlee		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Greenlee	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Duncan (rural)		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 45 yr 45 yr	
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Duncan, (rural)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Route 1.	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) None			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) William B. (MIDDLE) Neil C. (LAST) Layton			4. SEX Male
			5. COLOR OR RACE White
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH June DAY 29 YEAR 1904	B. AGE YEARS 45 MONTHS 0 DAYS 2	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Mining
9B. KIND OF BUSINESS OR INDUSTRY Minor	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? United States	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. ---	14A. FATHER'S NAME Albert Layton	14B. BIRTHPLACE (STATE OR COUNTRY) Utah	15A. MOTHER'S MAIDEN NAME Almeda Marantha Tibbetts
15B. BIRTHPLACE (STATE OR COUNTRY) Idaho	16. INFORMANT'S SIGNATURE Mr Bart Gale Franklin		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 1 1949
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH† (a) Silicosis, both lungs, advanced. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis, Osteo and Rheumatoid	
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION ---	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) no		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Duncan Greenlee, Ariz.	
21C. (CITY OR TOWN) (COUNTY) (STATE) Duncan Greenlee, Ariz.			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY ---		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? M			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1, 19 49 TO June 30 , 19 49 . THAT I LAST SAW THE DECEASED ALIVE ON June 29 , 19 49 AND THAT DEATH OCCURRED AT 9:20A. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE C. F. Weigher, M.D.		23B. ADDRESS Duncan, Arizona.	
		23C. DATE SIGNED July 2, 1949	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE July 3/49	
24C. NAME OF CEMETERY OR CREMATORY Franklin Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Franklin Ariz	
25A. DATE REC'D BY LOCAL REG. July 3/49		25B. REGISTRAR'S SIGNATURE W. J. Masley	
25C. FUNERAL DIRECTOR'S SIGNATURE W. J. Masley		25D. ADDRESS Franklin Ariz	