

1621

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS 416X  
CERTIFICATE OF DEATH

STATE FILE NO.

1956  
63

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Thatcher</u>			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Thatcher Ariz</u>					
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>59 yrs 59 yrs</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION)					
IDENTIFY DECEASED	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>BARBRA</u> B. (MIDDLE) <u>LAYTON</u> C. (LAST) <u>FARMER</u>			4. SEX <u>FM.</u>	5. COLOR OR RACE <u>W.</u>				
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Mar</u> DAY <u>14</u> YEAR <u>1875</u>		8. AGE YEARS <u>75</u> MONTHS <u>5</u> DAYS				
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): <u>Housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): <u>Ky</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
	9B. KIND OF BUSINESS OR INDUSTRY		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO.				
FATHER'S NAME	14A. FATHER'S NAME <u>Mc Guire</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ky</u>					
	15A. MOTHER'S MAIDEN NAME <u>Ellen Kilby</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>Ky</u>					
16. INFORMANT'S SIGNATURE <u>Mrs Esma Alexander</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct. 14-49</u>						
CAUSE OF DEATH	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 CONTINUED.					MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Felbrelaten + Valonol artefact</u>					DUE TO (c)		"	
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>old age.</u>								
OPERATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)				
INJURY	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept 15 1949</u> TO <u>Oct 14 1949</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct 14 1949</u> AND THAT DEATH OCCURRED AT <u>5 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
SIGNATURE	23A. SIGNATURE <u>F. H. Knight M.D.</u>			23B. ADDRESS <u>Safford</u>		23C. DATE SIGNED <u>Oct 15-49</u>			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Oct 16 49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Thatcher Ariz</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Thatcher Ariz</u>		
REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>Oct 20-49</u>		25B. REGISTRAR'S SIGNATURE <u>J. N. Stratton M.D.</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Rawson</u>		27. EMBALMER'S SIGNATURE <u>H. C. Rawson</u>		
					ADDRESS <u>Safford Ariz</u>		CERT. NO. <u>1166</u>		