

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2119

CERTIFICATE OF DEATH

REGISTRAR'S NO. 5

24 OF DEATH AND RESIDENCE 4	BIRTH NO.		1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) HAYDEN		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 5 1/2 yrs same		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Hayden	
	D. FULL NAME OF HOSPITAL OR INSTITUTION At Home		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	3. NAME OF DECEASED A. (FIRST) Laura B. (MIDDLE) Eugenia C. (LAST) Mayfield		4. SEX Fe		5. COLOR OR RACE Wh.	
IDENT 3 SONAL 12 ATA 7 4-1	6. MARRIED (TYPE OR PRINT) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 10 DAY 31 YEAR 74		8. AGE YEARS 45 MONTHS 5 DAYS 6	
	9B. KIND OF BUSINESS OR INDUSTRY Housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		11. CITIZEN OF WHAT COUNTRY? America U.S.	
	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. None		14A. FATHER'S NAME (STATE OR COUNTRY) UNKNOWN	
	14B. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN		15A. MOTHER'S MAIDEN NAME UNKNOWN		15B. BIRTHPLACE (STATE OR COUNTRY)	
350 X CAUSE OF DEATH (M 18)	16. INFORMANT'S SIGNATURE Charles Hunter		17. DATE OF DEATH (MONTH) April (DAY) 6 (YEAR) 1951		18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) (a) Paralytic Agitation (b) 10 years (c)	
	19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	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?	
MEDICAL CORNER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM about 1947 March 51 ALIVE ON March 51 , 19 51 AND THAT DEATH OCCURRED AT Hayden Ariz FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE Charles Hunter M.D.		23B. ADDRESS Hayden Ariz		23C. DATE SIGNED 4-7-51	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE April 8 1951		24C. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	
GENERAL DIRECTOR AND REGISTRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Good Worth Texas		25A. DATE REC'D BY LOCAL REG. Apr 7, 1951		25B. REGISTRAR'S SIGNATURE W. D. Deak	
	26. FUNERAL DIRECTOR'S SIGNATURE Byron N. Sniffed		27. EMBALMER'S SIGNATURE Byron N. Sniffed		ADDRESS Hayden Ariz CERT. NO. 330	