

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. **5079**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **66**

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OF DEATH  
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RESIDENCE  
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1. PLACE OF DEATH A. COUNTY <b>GRANAH</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>ARIZONA</b> B. COUNTY <b>GRANAH</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>RURAL</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>RURAL</b>	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>52 Yrs 52 Yrs</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>CENTRAL ARIZ</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>CENTRAL ARIZONA</b>			
3. NAME OF DECEASED A. (FIRST) <b>MEALIN</b>		B. (MIDDLE) <b>MICES</b>	
C. (LAST) <b>LAYTON</b>		4. SEX <b>MALE</b>	5. COLOR OR RACE <b>WHITE</b>
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>SEPT</b> DAY <b>7</b> YEAR <b>1899</b>	
8. AGE YEARS <b>51</b> MONTHS <b>11</b> DAYS <b>27</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>FARMER</b>	9B. UNDER 24 HOURS HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>UTAH</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. <b>527-10-3056</b>	
14A. FATHER'S NAME <b>HARRY W. LAYTON</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>UTAH</b>	15A. MOTHER'S MAIDEN NAME <b>EMMA REAY</b>
15B. BIRTHPLACE (STATE OR COUNTRY) <b>UTAH</b>		16. INFORMANT'S SIGNATURE <b>Emma Reay Layton Safford</b>	
17. DATE OF DEATH (MONTH) <b>SEPT</b> (DAY) <b>4</b> (YEAR) <b>1951</b>		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.	
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Melanotic Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Months</b>	
ANECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Carcinoma of liver</b>		<b>6 Months</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Aug 1 1951</b> TO <b>Sept 4 1951</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>Sept 4 1951</b> , AND THAT DEATH OCCURRED AT <b>2 P. M.</b> , FROM THE CAUSE AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <b>James W. Greenwith DO</b>		23B. ADDRESS <b>Safford Ariz</b>	23C. DATE SIGNED <b>9-7-51</b>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>Sept. 7-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Central Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Central Ariz</b>	
25A. DATE REC'D BY LOCAL REG. <b>Sept 7/51</b>		25B. REGISTRAR'S SIGNATURE <b>J. M. Stratton</b>	
26. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Rawson</b>		27. EMBALMER'S SIGNATURE <b>W. E. Rawson</b>	
ADDRESS <b>Safford</b>		CERT. NO. <b>116</b>	

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