1187

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 361

Registered No. 217

1. PLACE OF DEATH

County Maricopa State ARIZONA

Township ..... or Village ..... or

City Buckeye No. ..... St. ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald Darrel Dyer How long in State when death occurred? ..... yrs. ..... mos. ..... ds.

(a) Residence: No. Buckeye, Ariz. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar-23 1936

7. AGE: Years 1 | Months | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country) Clanton Ala

FATHER

13. NAME Arthur S. Dyer

14. BIRTHPLACE (city or town) (State or Country) Burnett Texas

MOTHER

15. MAIDEN NAME Ruby Lafferty

16. BIRTHPLACE (city or town) (State or Country) Guthrie Okla

17. INFORMANT Mr. Dyer (Address) Buckeye, Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Palo Verde Date 3-29-37

19. EMBALMER License No. ..... Signature .....

FUNERAL DIRECTOR Family & Friends

Address .....

20. Filed 3-29, 1937 R. Leslie Ward M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-29-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar-24, 1937 to Mar-28, 1937

I last saw him alive on Mar 28, 1937, death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Lobar Pneumonia	3-25-37
Measles	3-20-37

Other contributory causes of importance:

Bronchopneumonia	3-24-37
Otitis Media	3-23-37

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. Leslie Ward, M. D.

(Address) Buckeye, Ariz

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information