

2047

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 3212
Registrar's No. 6

1. Place of Death: (a) County Navajo (b) City or Town Snowflake (c) Location 13 days (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 13 days; In Community 13 days; In Arizona 13 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Snowflake
(If outside city limits also write RURAL)
(d) Street No. _____
3. (a) FULL NAME Layne Kent Flake (b) If veteran _____ (c) If foreign born, in U. S. _____ yrs.
(d) Social Security No. _____ (If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Infant
6. (b) Name of husband or wife - 6. (c) Age of husband or wife, if alive. _____ yrs.

7. Birthdate of deceased 7 / 13 / 1941
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days 13 If less than one day hrs. _____ min. _____

9. Birthplace Snowflake Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name Bruce Merlin Flake
13. Birthplace Snowflake Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Irine Stratton
15. Birthplace Snowflake Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Irine Flake
(b) Address Snowflake, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Snowflake (c) Date July 24 1941

18. (a) Embalmer's Signature _____
(b) Funeral Director Bishop Hendrickson
(c) Address Snowflake, Arizona

19. (a) August 4, 1941
(Date received local Registrar)
(b) Hellie R. Freeman
(Registrar's Signature)

20M 100% Raz 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 23, 1941
TIME (Hour and minute) 9:45 AM

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Colic and choked
No doctor in attendance

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature Hellie R. Freeman M.D.
Address Snowflake Date signed Aug 9 1941

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.