

2147

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

331

State File No. _____

Registrar's No. 9

1. Place of Death: (a) County Navajo (b) City or Town Snowflake (c) Location Jarvis Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 1/2 mos. in Hospital In Community 3 mos. 3 weeks; In Arizona 4 mos. 2 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. _____; (e) Citizen of foreign country (Yes or No) No.
If Yes, which country _____

3. (a) FULL NAME James Niel Jarvis (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White Indian Negro Oriental

6. (a) Single, married, widowed or divorced

7. Birthdate of deceased June 10 1945
(Month) (Day) (Year)

8. AGE: Years 4 mos. Months 4 mos. Days 2 If less than one day hrs. _____ min. _____

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

10. Usual Occupation _____

11. Industry or Business _____

12. Name J. Paulson Jarvis

13. Birthplace Shawlow, Arizona
(City, town or county) (State or Country)

14. Maiden Name Rilla Johnson

15. Birthplace Lakeside, Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Rilla Jarvis Mother

(b) Address Snowflake Ariz

17. (a) Burial, Cremation or Removal Removal

(b) Place To Lakeside (c) Date Oct. 13 1945

18. (a) Embalmer's Signature _____

(b) Funeral Director Almon Jackson

(c) Address Lakeside Ariz.

19. (a) Oct 24 1945
(Date received Local Registrar)

(b) Blanche Stake
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 12 1945 TIME (Hour and minute) 9:30 P. M. M.

21. I hereby certify that I attended the deceased from birth
June 10 1945 to Oct 12 1945

that I last saw him alive on Oct 12 1945, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus, Hydrocephalus.

Due to Prematurity.

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 J. N. Raymond M. D.

Address Snowflake Date signed 10/20/45

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically