

4500

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

318  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Navajo (b) City or Town Snowflake (c) Location Snowflake Maternity Home  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 2 hrs. In Community 2 hrs. in Arizona 2 hrs.  
(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) \_\_\_\_\_

3. (a) FULL NAME Philip H. Stratton (b) If Veteran Yes (c) If Yes, which country \_\_\_\_\_ (If NONE write the word) \_\_\_\_\_  
Social Security No. \_\_\_\_\_

4. Sex male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased June 23 1944  
(Month) (Day) (Year)

3. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hrs. 2 min. 4

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

10. Usual Occupation \_\_\_\_\_  
11. Industry or Business \_\_\_\_\_

12. Name Lynne Kay Stratton  
13. Birthplace Snowflake Arizona  
(City, town or county) (State or Country)

14. Maiden Name Virginia Green  
15. Birthplace Salt Lake City Utah  
(City, town or county) (State or Country)

16. (a) Informant's own signature Luella Caffelt  
(b) Address Snowflake Arizona

17. (a) Burial, Cremation or Removal Snowflake Cemetery  
(b) Place Snowflake Ariz (c) Date June 23 1944

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director H. G. Hendrickson  
(c) Address Snowflake - Ariz

19. (a) June 26 1944  
(Date received local Registrar)  
(b) R. Carole Clarke  
(Registrar's Signature)

20M 160% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 23 1944  
TIME (Hour and minute) 10 a. m.

21. I hereby certify that I attended the deceased from 7:45 a. m.  
June 23 1944 to 10 a. m. June 23 1944  
that I last saw him alive on June 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Not known

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically

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 G. H. Hayward  
Address Snowflake Date signed June 26 1944