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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. 33417  
293.4

1. PLACE OF DEATH  
 County Navajo State ARIZONA Registered No. 1  
 Township Snowflake or Village \_\_\_\_\_  
 City \_\_\_\_\_ 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 Eleanor Gay Hall How long in State when death occurred? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. Sanders Arizona St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)  
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) \_\_\_\_\_  
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) Child  
 7. AGE Years \_\_\_\_\_ Months 5 mo. Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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) Snowflake Arizona  
 13. NAME Albert M. Hall  
 14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or Country) Mexico  
 15. MAIDEN NAME Anella Morris  
 16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or Country) Snowflake Arizona  
 17. INFORMANT (Address) Jennie Morris  
 18. BURIAL, CREMATION, OR REMOVAL Place Snowflake Date Feb 12, 1946  
 19. EMBALMER License No. \_\_\_\_\_ Signature \_\_\_\_\_  
 FUNERAL DIRECTOR Bishop Henderson  
 Address Snowflake  
 20. Filed Feb 11, 1946 Hullie R. Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 11, 1946, 19\_\_\_\_  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1946, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia  
Dr. Bryant Lake Side  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Mr. M. J. Webb M. D.  
 (Address) Snowflake Ariz