

2350

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Navajo STATE ARIZONA REGISTERED NO. _____
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Snowflake NO. _____ (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) WARD _____

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 4 MOS. 27 DS. HOW LONG IN U. S. OF FOREIGN BIRTH YRS. _____ MOS. _____ DS. _____
2. FULL NAME Leonard Dale McCleave HOW LONG IN STATE WHEN DEATH OCCURRED YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. Taylor, Ariz. ST. _____ WARD _____ (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) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, —HRS. OR —MIN.
	<u>1</u>	<u>4</u>	<u>27</u>	

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) Snowflake
(STATE OR COUNTY) Navajo Co. Arizona

MOTHER FATHER
13. NAME Joseph Ivan McCleave
14. BIRTHPLACE (CITY OR TOWN) Taylor
(STATE OR COUNTY) Navajo Co. Arizona
15. MAIDEN NAME Emilia Arnette Ardure
16. BIRTHPLACE (CITY OR TOWN) Lakeside
(STATE OR COUNTY) Navajo Co. Arizona

17. INFORMANT Mother
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor, Ariz. DATE Sept 17, 1935

19. EMBALMER LICENSE NO. _____ SIGNATURE _____
FUNERAL DIRECTOR ADDRESS _____

20. FILED Sept 20, 1935 E. M. Kartchner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Sept. 6, 1935, TO Sept. 6, 1935
I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT About 7 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Accidentally Drowned

DATE OF ONSET _____

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. Acc. DATE OF INJURY 9/6, 1935
WHERE DID INJURY OCCUR? Taylor, Navajo Co. Ariz.
(SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE Home

MANNER OF INJURY _____
NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY _____
(SIGNED) [Signature] M. D.
(ADDRESS) Snowflake

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION