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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

291

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. -7-

1. Place of Death: (a) County Navajo (b) City or Town Lakeside (c) Location _____ (St. & No. (or) Name of Institution)
(If outside city limits write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 20 days; In Arizona 20 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Navajo; (c) City or Town Lakeside
(If outside city limits write RURAL)
(d) Street No. _____ (e) If foreign born, in U. S. _____ yrs.
(f) Social Security No. _____ (If NONE write the word)

3. (a) FULL NAME Thomas Lorimer Burke (b) If veteran _____ (c) If foreign born, in U. S. _____ yrs.
(d) Social Security No. _____ (If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>white</u>	6. (a) Single, married, widowed or divorced <u>Single</u>
6. (b) Name of husband or wife <u>None</u>		6. (c) Age of husband or wife, if alive. <u>26</u> yrs.
7. Birthdate of deceased (Month) <u>Oct.</u> (Day) <u>26</u> (Year) <u>1940</u>	8. AGE: Years _____ Months _____ Days <u>20</u> If less than one day hrs. <u>0</u> min. <u>0</u>	
9. Birthplace (City, town or county) <u>Lakeside</u>	(State or Country) <u>Arizona</u>	

10. Usual Occupation _____
11. Industry or Business _____
12. Name James LaRoy Burke
13. Birthplace Cortez Colorado
(City, town or county) (State or Country)
14. Maiden Name Maitez Hall
15. Birthplace Snowflake Arizona
(City, town or county) (State or Country)
16. (a) Informant's own signature Ray Burke
(b) Address Lakeside Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Lakeside (c) Date Nov. 15 1940
18. (a) Embalmer's Signature None
(b) Funeral Director None
(c) Address _____
19. (a) Nov. 18 1940
(Date received local Registrar)
(b) James H. Bryant, M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) Nov. 14 1940
TIME (Hour and minute) 6:30 P.
21. I hereby certify that I attended the deceased from Nov. 10 1940 to Nov. 14 1940
that I last saw him alive on Nov. 14 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia
Due to Influenza
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: None
Of operations: None
Of autopsy: None

DURATION
3 days
4 days
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) None
(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 None
23. Signature James H. Bryant
Address Lakeside, Arizona Date signed Nov. 18 1940