

2221

ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Graham State Arizona  
 District or Township Safford or Village \_\_\_\_\_  
 City Safford No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John Daniel Young  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (b) (usual place of abode) \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married  
 (Write the word)

6a. If married, widowed, or divorced  
 HUSBAND of Sarah Young  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Apr. 19, 1889

7. AGE Years Months Days IF LESS than 1 day hrs. min.  
42 5 -

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Auto Salesman  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Utah  
 (State or country)

PARENTS

10. NAME OF FATHER John Young  
 11. BIRTHPLACE OF FATHER Utah  
 (State or country) (city or town)  
 12. MAIDEN NAME OF MOTHER Sarah Pace  
 13. BIRTHPLACE OF MOTHER Utah  
 (State or country) (city or town)

14. Informant Elizabeth Layton  
 (Address) Safford, Ariz.

15. Filed 10/8/31 J. H. Stratton Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 19, 1931  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1931 to Sept. 17, 1931, that I last saw him alive on Sept. 17, 1931 and that death occurred, on the date stated above, at 10:45 P.M. The CAUSE OF DEATH was as follows:  
Hemorrhage in right cerebral hemisphere.

(duration) yrs. mos. da.

CONTRIBUTORY fracture of  
 (Secondary) base of brain  
 (duration) yrs. mos. da.

18. Where was disease contracted if not at place of death?  
 Did an operation precede death? yes Date of Sept. 15  
 Was there an autopsy? yes  
 What test confirmed diagnosis?  
 (Signed) W. C. Rawson M. D.  
Sept. 21, 1931 (Address) Safford

State the Disease Causing Death, or in death from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Thatcher DATE OF BURIAL 9/21/31

20. UNDERTAKER W. C. Rawson ADDRESS Safford, Ariz.