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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**      STATE FILE NO. 532  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 COUNTY Yuma STATE ARIZONA REGISTERED NO. 6  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
 CITY Aqua Caliente NO. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE about 5 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. \_\_\_\_\_ OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 IN CITY OR TOWN WHERE DEATH OCCURRED

2. FULL NAME Wm. S. Hayes HOW LONG IN STATE WHEN DEATH OCCURRED? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. Aqua Caliente, Ariz. WARD \_\_\_\_\_ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

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**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May 18-1899

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
37 | 5 | 29

OCCUPATION 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. mechanic  
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SERRATOR, SAW MILL, BANK, ETC. Out Bus mach corp.  
 10. DATE DECEASED LAST WORKED IN THIS OCCUPATION (MONTH AND YEAR) May 1930 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 8 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Tuca, Nevada Co. N.Y.

FATHER 13. NAME Austin Hayes  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) New York State

MOTHER 15. MAIDEN NAME Hannah McTeague  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ireland

17. INFORMANT (ADDRESS) Wm. S. Hayes, Yuma, Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Yuma Ariz. DATE 11-18, 1936

19. EMBALMER LICENSE NO. \_\_\_\_\_ SIGNATURE [Signature] FUNERAL DIRECTOR [Signature] ADDRESS Yuma, Ariz.

20. FILED 11-18, 1936 REGISTERAR C. J. Buckley

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 1936  
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 19\_\_\_\_, TO \_\_\_\_\_, 19\_\_\_\_, I LAST SAW HIM 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: \_\_\_\_\_ DATE OF ONSET \_\_\_\_\_  
natural death  
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO 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? no  
 IF SO, SPECIFY (SIGNED) C. J. Buckley, coroner M. D. (ADDRESS) Roll, Ariz.