

4560

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Yuma State Arizona
District or Township Bill Williams River District at his house on his ranch
City in Yuma County, Arizona
2. FULL NAME John C. Hayden
(a) Residence, No. Ranch on Bill Williams River St., Ward 173
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widower
5a. If married, widowed, or divorced Smith HUSBAND of Mary C. Hayden (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE Years Months Days IF LESS than 1 day or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Rancher (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer
9. BIRTHPLACE (city or town) Georgia (State or country)
10. NAME OF FATHER John M. Hayden
11. BIRTHPLACE OF FATHER Ireland (State or country) (city or town)
12. MAIDEN NAME OF MOTHER Martha Marrow
13. BIRTHPLACE OF MOTHER Canada (State or country) (city or town)
14. Informant John Morris Hayden, son (Address) Los Angeles, Cal
15. Filed Feb. 15, 1933 John Bellus Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH Feb. 8, 1933
17. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... that I last saw h... alive on ... 19... and that death occurred, on the date stated above, at ... m. The CAUSE OF DEATH* was as follows: Gun shot wound inflicted by assassin, name unknown
CONTRIBUTORY (Secondary)
18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? (Signed) John Bellus, Coroner 19 (Address)
* State the Disease Causing Death, or in deaths from Violent Causes, 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 Bouse, Ariz
20. UNDERTAKER Relatives
DATE OF BURIAL Feb. 15, 1933
ADDRESS Los Angeles

MARGIN RESERVED FOR BINDING. 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. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

PARENTS

3370