

1159

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

1. PLACE OF DEATH Yuma County, Arizona State File No. 553
District or Township Bouse or Village
City No.
2. FULL NAME Ryan Wyman
(a) Residence No.
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING. 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. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR or RACE White
5. SINGLE, MARRIED, WIDOWED or DIVORCED Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH
7. AGE 60 Years Months Days IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Section Foreman (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer A.T. & S.F. Ry
9. BIRTHPLACE (city or town) Ohio (State or country)
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (State or country) (city or town)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or country) (city or town)
14. Informant Dave Woodward (Address) Bouse, Ariz.
15. Filled June 12, 1928 John Bellus Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) June 4 1928
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: Broken Neck Sustained in Automobile Accident
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) 19 (Address) M. D.
* 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 DATE OF BURIAL June 5-2
20. UNDERTAKER John Bellus ADDRESS Bouse

RECEIVED