

4425

STATE OF NEW MEXICO—BUREAU OF PUBLIC HEALTH

840

1. PLACE OF DEATH

# CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

County of Bernalillo

School District of \_\_\_\_\_ or Village \_\_\_\_\_  
or City Albuquerque No. \_\_\_\_\_ St. St. Joseph Hosp.

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred

Yrs.	Mo.	Days
		1

How long in U. S. if of foreign birth?

Yrs.	Mo.	Days

2. FULL NAME Isaac J. Westfall,

(a) Residence \_\_\_\_\_  
(See instructions on back)

Winslow, Ark.  
(If non-resident give city or county and state)

### PERSONAL AND STATISTICAL PARTICULARS

3. MALE  FEMALE   
Male 4. White, Black, Yellow, Red White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced Husband of (or) Wife of Emily Hatfield,

6. Date of Birth (Month, day and year) June 3, 1872.

7. AGE Years 65 Months 5 Days 07 If less than 1 day hrs. \_\_\_\_\_ min. \_\_\_\_\_

8. Trade, profession, or particular kind of work done Farmer,

9. Industry or business in which work was done Own Farm.

10. Date deceased last worked at this occupation (month and year) Oct. 1937 11. Total time (yrs.) spent in this occupation 45 yrs.

12. BIRTHPLACE (City or Town, County and State, or Country) Oklahoma.

13. NAME John Westfall.

14. BIRTHPLACE (City or Town, County and State, or Country) Unknown

15. MAIDEN NAME Mary

16. BIRTHPLACE (City or Town, County and State, or Country) Unknown

17. SIGNATURE OF INFORMANT I. K. J. Westfall.  
(Address) Albuquerque, N.M.

18. BURIAL, CREMATION OR REMOVAL Place Winslow, Ark. Date 11/6 1937.

19. UNDERTAKER O. W. Stearns  
(Address) Albuquerque, N.M.

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED on 11-6 1937 by B. Hurley  
(Date) Subregistrar or Health Officer.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 3, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1937 to Nov 3 1937

I last saw him alive on Nov 3 1937 Death is said to have occurred on the date above, at 8:20 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral fracture of skull  
lacerated brain

Date of Onset		
Yr.	Mo.	Day
1937	Nov	3
1937	Nov	3

Contributory causes of importance not related to principal causes

Where was disease first diagnosed? St. Joseph's Hospital

Name of operation Decompression date of Nov 3, 1937

Condition for which performed Cerebral fracture of skull

What test confirmed diagnosis? Operation

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury Nov 3 1937 Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and state)

Check whether injury occurred in industry—home—public place

Manner of injury Automobile collision

Nature of injury Cerebral fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_

(SIGNED) Ernest A. Campbell M. D.  
(Address) 1st Nat Bank Building

Write Plainly with Unfading Ink—This is a permanent record  
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL