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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~148~~

County Registered No. 1627

Local Registrar's No. 4835

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District

Town Or City Phoenix

No. St. Joseph Hospital St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Harry Aaron

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White ~~Indian~~ ~~Black Chinese~~ ~~Mexican~~

SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: May 4th (Month) (Day) 1902 (Year)

AGE: 14 yrs. 4 mos. 0 days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): Canada

PARENTS

NAME OF FATHER: Jacob Aaron

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Minnie Cohen

BIRTHPLACE OF MOTHER (State or country): Poland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Aaron

(Address) 1314 E. Monroe St.

PLACE OF BURIAL ~~OR REMOVAL~~: Jewish Cem.

DATE OF BURIAL ~~OR REMOVAL~~: Sept 6th 1916

UNDERTAKER: H. M. Mauss

ADDRESS: 311 N. 1st Ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4th 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from ..... 191..... to ..... 191.....; that I last saw h..... alive on ..... 191....., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing Death was as follows: as the result of being run into by an automobile

..... (Duration) ..... yrs. ..... mos. ..... days.

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

..... (Duration) ..... yrs. ..... mos. ..... days.

(Signed) Frank DeFouw Jr. Office Supt. Dept of Prisons

Sept 5 1916. (Address) Phoenix, Arizona

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona 5 yrs. ..... mos. ..... ds.

Former or Usual Residence 1318 E. Adams St.

Filed Sept. 6 1916 [illegible] Local Registrar

Filed Sept. 20 1916. A. B. [illegible] County Registrar