

233

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County _____

BUREAU OF VITAL STATISTICS

State Index No. _____

District _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 9654

Town _____

Local Registrar's No. 9064

Or City _____

No. Arizona State Hospital St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Wm Bloomfield

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M Color or Race White SINGLE MARRIED
Black Chinese WIDOWED
Mexican or DIVORCED

DATE OF DEATH May 16 1920
(Month) (Day) (Year)

DATE OF BIRTH _____ 1922
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 10
1918 to May 16 1920; that I last saw him alive
on May 16 1920, and that death occurred on the date
stated above at 2:30 P.M. The DISEASE or INJURY causing

AGE 18 yrs. mos. days If less than 1 day
hrs. or min.

death was as follows:
Status Epilepticus
(Duration) unknown yrs. mos. days

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

Was disease contracted in Arizona? _____
If not, where? _____
CONTRIBUTORY Insanity
(Duration) _____ yrs. mos. days

BIRTHPLACE (State or country) _____

NAME OF FATHER _____ 36

BIRTHPLACE OF FATHER (State or country) _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (State or country) _____

(Signed) R O Linnalle
May 20 1920 (Address) Phoenix Ariz.
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
LENGTH OF RESIDENCE _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) State Hospital Records

At place of death 1 yrs. 6 mos. 11 ds. In Arizona _____ yrs. mos. ds.

(Address) Phoenix Ariz.

Former or Usual Residence Maricopa Co Ariz.

PLACE OF BURIAL OR REMOVAL Wylam cemetery DATE OF BURIAL OR REMOVAL 5-18 1920

Filed 5-22 1920 H. H. Beauchamp Local Registrar

UNDERTAKER _____ ADDRESS _____

Filed 5-24 1920 H. R. Larson County Registrar

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.