2444

FILL OUT ALL BLANKS. 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. [illegible]
County Registered No. 9824
Local Registrar's No. 9540

PLACE OF DEATH

County Maricopa
District
Town
Or City Phoenix
No. 502 E. Moreland St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Edward Thompson Fauley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE ~~MARRIED~~ (WIDOWED) or DIVORCED

DATE OF BIRTH: April 14th 1833 (Month) (Day) (Year) 19

AGE: 87 yrs. 6 mos. 13 days | If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Virginia

PARENTS
NAME OF FATHER: Geo Fauley
BIRTHPLACE OF FATHER (State or country): Va.
MAIDEN NAME OF MOTHER: Mary ----
BIRTHPLACE OF MOTHER (State or country): Va.

The Above is True to the Best of My Knowledge
(Informant) Mrs. C. E. Fauley
(Address) 502 E. Moreland

PLACE OF BURIAL OR REMOVAL: Los Angeles, Cal.
DATE OF BURIAL OR REMOVAL: 10/29/20 19
UNDERTAKER: A.H. McLellan
ADDRESS: 617 N. Center

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 27 (Month) (Day), 1920 (Year)

I hereby certify that I attended deceased from Mar 30 1920 to Oct 27 1920, that I last saw him alive on Oct 27 1920, and that death occurred on the date stated above at 6 P.M. The DISEASE or INJURY causing death was as follows:
Senility

(Duration) 7 yrs. mos. days
Was disease contracted in Arizona? Yes
If not, where?
CONTRIBUTORY Arteria Sclerosis
(Duration) yrs. mos. days
(Signed) Ed Ramer
Oct 28 1920 (Address) Phoenix Ariz

*In death 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 Ariz 34 yrs. mos. ds.
Former or Usual Residence Ohio

Filed Oct 29 1920 Dr. H. W. Beauchamp Local Registrar.
Filed Nov 3 1920 H. R. Loaiza County Registrar.