

592

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 State Index No. 175  
 County Registered No. 1248  
 Local Registrar's No. 177

PLACE OF DEATH  
 County Maricopa  
 District No 3  
 Town Mesa  
 Or City Gilbert

ORIGINAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
 No. \_\_\_\_\_ St. \_\_\_\_\_  
 FULL NAME Philip Shadricks Lacy

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED OR DIVORCED
DATE OF BIRTH <u>June 22 1856</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>1</u> mos. <u>24</u> days If less than 1 day hrs., or min		
OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or Country) <u>Mo.</u>		
NAME OF FATHER <u>Philip H. Lacy</u>		
BIRTHPLACE OF FATHER (State or Country) <u>Ala.</u>		
MAIDEN NAME OF MOTHER <u>Martha Nowell</u>		
BIRTHPLACE OF MOTHER (State or Country) <u>Mo.</u>		
The Above is True to the Best of My Knowledge. (Informant) <u>Harry Lacy</u> (Address) <u>Phoenix Ariz</u>		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cem</u>	DATE OF BURIAL OR REMOVAL <u>Aug 18 1921</u>	
UNDERTAKER <u>M. S. Gibbons</u>	ADDRESS <u>Mesa, Ariz</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Aug 16 1921  
(Month) (Day) (Year)

I hereby certify that I attended deceased from Aug 9 1921, to Aug 16 1921; that I last saw him alive on Aug 16 1921, and that death occurred on the date stated above at 3 P.M. The DISEASE or INJURY causing death was as follows: General Palsy of the Brain

(Duration) 1 yrs. 14 mos. 14 days

Was disease contracted in Arizona? No  
If not, where? Washington

CONTRIBUTORY Myocarditis  
(Duration) Several yrs. 1 mos. 17 days

(Signed) H. J. Maxwell M.D.  
8-17-1921 (Address) Mesa 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 1 yrs. 14 mos. 14 ds. In Ariz. 14 yrs. 14 mos. 14 ds.

Former or Usual Residence Wash

Filed Aug 18 1921 Jedoune Jr Local Registrar  
Filed Sept. 8 1921 County Registrar