4629

H. W. Aken

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - No. 99
County Registrar's No. 927
Local Registrar's - No. 101

PLACE OF DEATH
County Maricopa
District No 3
Town Or City Chandler

No. ..... St.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME H W Aken

PERSONAL AND STATISTICAL PARTICULARS

SEX	Color or Race	~~SINGLE~~
Male	White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~	MARRIED X ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH June 9 1855 ~~192~~ (Month) (Day) (Year)

AGE 66 yrs. 11 mos. 23 days | If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work Stone Mason
(b) General nature of industry, business, or establishment in which employed or (employer) 43

BIRTHPLACE (State or Country) Texas

PARENTS
NAME OF FATHER Hudson Shaw Aken
BIRTHPLACE OF FATHER (State or Country) Ohio
MAIDEN NAME OF MOTHER Nancy C Jones
BIRTHPLACE OF MOTHER (State or Country) Mo.

The Above is True to the Best of My Knowledge.
(Informant) H W Aken
(Address) ~~Chandler~~ Chandler

PLACE OF ~~BURIAL~~ OR ~~REMOVAL~~ Tempe Ariz
DATE OF ~~BURIAL~~ OR ~~REMOVAL~~ removal June 4/1922

UNDERTAKER W. A. B. & Son
ADDRESS Mesa Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 - 3 1922 (Month) (Day) (Year)

I hereby certify that I attended deceased from 6-1 1922, to 6-3 1922; that I last saw him alive on 6-3 1922, and that death occurred on the date stated above at 4 P. M. The DISEASE or INJURY causing death was as follows: Carcinoma Metastasis

(Duration) 2 yrs. ..... mos. ..... days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Carcinoma face

(Duration) 6 yrs. ..... mos. ..... days

(Signed) F. H. Jordan

6-3 1922 (Address) Chandler Ariz

*If death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE
At place of death ~~x~~ yrs. 1 mos. — ds. In Ariz. 5 yrs. 1 mos. — ds.
Former or Usual Residence

Filed June 3/1922 J. E. Drane Jr.
Local Registrar.

Filed 7-7 1922 GRANT S. MONICAY, M. D.
County Registrar.

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.