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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - No. 166
County Registrar's No. 1274
Local Registrar's - No. 11829

PLACE OF DEATH
1. County Maricopa
District No 1
Town or City Phoenix

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME L. H. Wood (Louis Willis)
(a) Residence. No. Quinn, Ariz. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>married</u>			16. DATE OF DEATH (month, day, and year) <u>8-22-1922</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Cora Wood</u> (or) WIFE of <u>Sept 22</u>					17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 18</u> , 19 <u>22</u> to <u>Aug 22</u> , 19 <u>22</u> , that I last saw him alive on <u>Aug 22</u> , 19 <u>22</u> , and that death occurred, on the date stated above, at <u>4:45 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Epilepsy</u>	
6. DATE OF BIRTH (month, day and year) <u>1867</u>					CONTRIBUTORY <u>Cerebral hemorrhage</u> (Secondary) (duration) _____ yrs. _____ mos. _____ ds.	
7. AGE		Years	Months	Days	18. Where was disease contracted if not at place of death? <u>Unknown</u>	
<u>54</u>		<u>10</u>	<u>25</u>	IF LESS than 1 day _____ hrs. or _____ min.	Did an operation precede death? <u>no</u> . Date of _____ Was there an autopsy? <u>no</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					What test confirmed diagnosis? (Signed) <u>Frank W. Schwarz</u> , M. D. 8-22-1922 (Address) <u>Phoenix, Ariz.</u>	
9. BIRTHPLACE (city or town) (State or country) <u>Texas</u>					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
10. NAME OF FATHER <u>William Wood</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa, Ariz.</u> DATE OF BURIAL <u>8/22 1922</u>	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>?</u>					20. UNDERTAKER <u>M. S. Gibbons</u> ADDRESS <u>Mesa, Ariz.</u>	
12. MAIDEN NAME OF MOTHER <u>?</u>						
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>?</u>						
14. Informant <u>Cora Wood</u> (Address)						
15. Filed <u>9-6-22</u> by <u>GARRISON, M. D.</u> Registrar V. S. No. 1 <u>9-6-22</u>						