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MARGIN RESERVED FOR BINDING

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

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 145

County Registrar's No. 1343

Local Registrar's - No. 11860

PLACE OF DEATH

1. County Maricopa

District No 1

Town or City Phoenix No. St. Joseph Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Infant of O. W. Malone

(a) Residence. No. 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 COLOR or RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE	Years	Months	~~Days~~	IF LESS than 1 day.....hrs. or.....min.
			8 hrs.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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9. BIRTHPLACE (city or town) Phoenix (State or country) Ariz.

PARENTS

10. NAME OF FATHER O. W. Malone

11. BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12. MAIDEN NAME OF MOTHER Maggie Major

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14. Informant O. W. Malone (Address) 705 E. Washington

15. Filed 9-22, 1922 I. L. CARRISON, M. D. Registrar

V. S. No. 1 9-29-22

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept. 19 1922

17. I HEREBY CERTIFY, That I attended deceased from Birth, 19.... to Death, 19....,

that I last saw him alive on Sept 18, 1922,

and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Toxemia due to Eclampsia in mother

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) T. E. McCall, M. D.

19 (Address) Phoenix, A.

* 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Lawn	Sept 20 1922

20. UNDERTAKER	ADDRESS
A. H. McLellan	617 N. Central