

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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index - - No. 185  
County Registrar's No. 1438  
Local Registrar's - No. 11948

**ORIGINAL CERTIFICATE OF DEATH**

1. County Maricopa  
District \_\_\_\_\_  
Town or City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Infant daughter of Elmer Clark  
(a) Residence. No. 1102 W. Allison St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>Single</u>			16. DATE OF DEATH (month, day, and year) <u>Oct 20 1922</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>Oct 20</u> , 19 <u>22</u> to <u>Oct 20</u> , 19 <u>22</u> that I last saw him <u>alive</u> on <u>Oct 20</u> , 19 <u>22</u> and that death occurred, on the date stated above, at <u>5:30</u> m. The CAUSE OF DEATH* was as follows: <u>Kill from child -</u> <u>Did intra-uterus - Cord</u> <u>wrapped about child's neck.</u> (duration) _____ yrs. _____ mos. _____ ds.	
6. DATE OF BIRTH (month, day and year)					CONTRIBUTORY (Secondary) <u>Pneumonia Alta?</u> (duration) _____ yrs. _____ mos. _____ ds.	
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	18. Where was disease contracted if not at place of death? _____	
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					Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>None</u> (Signed) <u>[Signature]</u> , M. D. <u>20</u> 19 <u>22</u> (Address) <u>Phoenix Ariz.</u>	
9. BIRTHPLACE (city or town) <u>Phoenix</u> (State or country)					* 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>Elmer Clark</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn</u>	
11. BIRTHPLACE OF FATHER (city or town) _____ (State or country)					DATE OF BURIAL <u>Oct 21 1922</u>	
12. MAIDEN NAME OF MOTHER <u>Fallen Ann</u>					20. UNDERTAKER <u>[Signature]</u>	
13. BIRTHPLACE OF MOTHER (city or town) _____ (State or country)					ADDRESS	
14. Informant _____ (Address)						
15. Filed <u>10-21, 1922</u> <u>L. L. GARRISON, M. D.</u> V. S. No. <u>11-4-72</u> Registrar						