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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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH 214	
1. County <u>Maricopa</u>	BUREAU OF VITAL STATISTICS		State Index - - No. <u>1593</u>
District.....	ORIGINAL CERTIFICATE OF DEATH		County Registrar's No. <u>119131</u>
Town or City <u>Phoenix</u>	No. <u>St. Joseph Hospital</u>	St.	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME <u>Richard James Holmes,</u>			
(a) Residence. No. <u>311 E. Jefferson</u>		St.	Ward
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred <u>72</u> 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>male</u>	4 COLOR or RACE <u>white</u>	5 SINGLE, MARRIED, WID-OWED or DIVORCED (write the word) <u>widowed</u>	16. DATE OF DEATH (month, day, and year) <u>11-24-28</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			17. I HEREBY CERTIFY, That I attended deceased from <u>Nov 8</u> , 19 <u>22</u> to <u>Nov 24</u> , 19 <u>22</u> , that I last saw <u>h.m.</u> alive on <u>Nov 24</u> , 19 <u>22</u> , and that death occurred, on the date stated above, at <u>11A</u> m. The CAUSE OF DEATH* was as follows: <u>Fracture of femur</u>
6. DATE OF BIRTH (month, day and year) <u>5-24-28</u>			(duration) yrs. mos. <u>16</u> ds.
7. AGE	Years <u>94</u>	Months	Days
8. OCCUPATION OF DECEASED			CONTRIBUTORY (Secondary) <u>Arteriosclerosis</u> (duration) yrs. mos. ds. <u>Indefinite</u>
(a) Trade, profession, or particular kind of work <u>miner</u>			18. Where was disease contracted if not at place of death?
(b) General nature of industry, business, or establishment in which employed (or employer)			Did an operation precede death? <u>no</u> Date of
(c) Name of employer			Was there an autopsy? <u>no</u>
9. BIRTHPLACE (city or town) <u>Mississippi</u> (State or country)			What test confirmed diagnosis? <u>Clinical</u>
10. NAME OF FATHER <u>R. J. Holmes</u>			(Signed) <u>R. J. Holmes</u> , M. D. 19 (Address) <u>Phoenix, Ariz</u>
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>don't know</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.)
12. MAIDEN NAME OF MOTHER			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood Cemetery,</u> DATE OF BURIAL OR REMOVAL <u>11-25-22</u> 19
13. BIRTHPLACE OF MOTHER (city or town) (State or country)			20. UNDERTAKER <u>J. T. Whitney, Phoenix, Arizona</u> ADDRESS
14. Informant <u>R. J. Holmes Jr.</u> (Address)			
15. Filed <u>11-25</u> , 19 <u>28</u> <u>L. GARRISON, M. D.</u> Registrar			
V. S. No. 1 <u>12-12-22</u>			