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AGE should be stated EXACTLY. PHYSICIAN 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

1. County Maricopa District _____ State Index - - - No. 158
Town or City Phoenix No. 822 N. 10th Ave. County Registrar's - No. 482
Local Registrar's - No. 359 St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Truman Crumb
(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 31 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
2. SEX <u>M.</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Widowed</u>		16. DATE OF DEATH (month, day, and year) <u>April 9 - 1923</u>	
5a. If married, (widowed) or divorced HUSBAND of _____ (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>Mar 29</u> _____, 19 <u>23</u> to <u>4/8</u> , 19 <u>23</u> that I last saw him alive on <u>4/8</u> , 19 <u>23</u> and that death occurred, on the date stated above, at <u>4:00 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>	
6. DATE OF BIRTH (month, day and year) <u>June 19</u>				CONTRIBUTORY (duration) _____ yrs. _____ mos. _____ ds. <u>Cardiac insuffic</u> (Secondary) (duration) <u>2</u> yrs. _____ mos. _____ ds.	
7. AGE	Years <u>83</u>	Months _____	Days _____	18. Where was disease contracted _____ if not at place of death? _____	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____				Did an operation precede death? _____ Date of _____ Was there an autopsy? <u>no</u>	
9. BIRTHPLACE (city or town) (State or country) <u>Mass.</u>				What test confirmed diagnosis? _____ (Signed) <u>H. S. Little</u> , M. D. 19 _____ (Address) <u>Phoenix, Ariz.</u>	
10. NAME OF FATHER <u>Alden Crumb</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.)	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Mass.</u>				19. PLACE OF (BURIAL) CREMATION OR REMOVAL <u>Greenwood Cem.</u> DATE OF BURIAL <u>April 10 - 1923</u>	
12. MAIDEN NAME OF MOTHER <u>Corbett</u>				20. UNDERTAKER <u>A. B. Moran & Sons</u> ADDRESS <u>329 N. Adams</u>	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Not known</u>					
14. Informant (Address) <u>Billie M. Baker</u>					
15. Filed <u>4/9/23</u> <u>I. L. GARRISON, M.D.</u> Local Registrar.					
V. S. No. 1 _____, 19 _____ County Registrar.					