

2700

MARGIN RESERVED FOR BINDING
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. 137
County Registrar's - No. 1329
Local Registrar's - No. 970

PLACE OF DEATH
1. County Maricopa
District _____
Town or City Phoenix

ORIGINAL CERTIFICATE OF DEATH
No. Mouhan Bldg.

2. FULL NAME Waman P. Edwards
(a) Residence. No. 2320 E. Van Buren St.

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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
5a. If married, widowed, or divorced HUSBAND of Minnie F.W. Edwards (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Sept 26th 1880
7. AGE Years 43 Months 8 Days 15 IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (city or town) Texas (State or country) _____
10. NAME OF FATHER Henry W. Edwards
11. BIRTHPLACE OF FATHER _____ (State or country) _____ (city or town) _____
12. MAIDEN NAME OF MOTHER Lucy Patterson
13. BIRTHPLACE OF MOTHER _____ (State or country) _____ (city or town) _____

14. Informant (Address) _____
15. Filed 11-16-23 Harrison Local Registrar
Filed NOV HARRY J. FELLOWS County Registrar
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov. 11th 1923
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw him _____ alive on _____, 19____ and that death occurred, on the date stated above, at 6:20 P.M.
The CAUSE OF DEATH* was as follows:
Gun shot wound of the hands of Dr. Chas. Roberts.

CONTRIBUTORY (Secondary) _____
18. Where was disease contracted _____ yrs. _____ mos. _____ ds. if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) Pat M. Kee, Coroner, R.D. No. 11 1923 (Address) Phoenix, Arizona.
* 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 Houston, Texas DATE OF BURIAL Nov. 16th 1923
Via Highway Oklahoma
20. UNDERTAKER H.M. Maus ADDRESS 311 N. 1st Ave.