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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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa
District _____

BUREAU OF VITAL STATISTICS

State Index - - - No. 229
County Registrar's - No. 958
Local Registrar's - No. 649

ORIGINAL CERTIFICATE OF DEATH

Town or City Phoenix

No. _____ St. _____
(If death occurred in a hospital or institution, give its NAME instead of street number) Ward _____

2. FULL NAME Roy Morrell

(a) Residence. No. 346 North Fifteenth Street
(Usual place of abode)

Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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 Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

16. DATE OF DEATH (month, day, and year) 6/12/1924

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 1922 to June 12, 1924 that I last saw him alive on June 11, 1924 and that death occurred, on the date stated above, at 5:30 P.M. The CAUSE OF DEATH* was as follows:
Acute cardiac dilatation

6. DATE OF BIRTH (month, day and year) 12/16/1886

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
37

(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Police Officer
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (Secondary) Chronic myocarditis & hypertension
(duration) yrs. mos. ds.

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

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

10. NAME OF FATHER J.D. Moppell

Did an operation precede death? No Date of _____

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

Was there an autopsy? Yes

12. MAIDEN NAME OF MOTHER Laura Richards

What test confirmed diagnosis? Phys exam.
(Signed) Frank J. Willoy, M. D.
19 _____ (Address)

13. BIRTHPLACE OF MOTHER (city or town) California
(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.)

14. Informant J.D. Morrell
(Address) 1117 E. McKinley Street

19. PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood Cemetery DATE OF BURIAL 6/16/24 10x

15. Filed 6/16/1924 _____
Local Registrar.

20. UNDERTAKER J.T. Whitney ADDRESS 134 W. Adams

Filed _____ 19_____
V. S. No. 1 _____ County Registrar.