4219

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.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

1. County _____

District _____

Town or city _____ No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 178

County Registrar's - No. 1319

Local Registrar's - No. 836

2. FULL NAME Premature

(a) Residence. No. Clemington & Franklin St., _____ Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)

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

3. SEX: Female

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)

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

6. DATE OF BIRTH (month, day and year)

7. AGE Years | Months | Days | IF LESS than 1 day 6 hrs. or min.

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

9. BIRTHPLACE (city or town) (State or Country) Ariz.

PARENTS

10. NAME OF FATHER Walter Brown

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

12. MAIDEN NAME OF MOTHER Edna Vasher

13. BIRTHPLACE OF MOTHER (State or country) Ia. (city or town)

14. Informant (Address)

15. Filed 8/26/ 1924 [signature] Local Registrar.

Filed AUG 28 1924 19__ HARRY J. FELCH, M. D. County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 23 1924

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1924 to _____, 19__, that I last saw him alive on 8/23, 1924 and that death occurred, on the date stated above, at 2 P. m. The CAUSE OF DEATH* was as follows:

6 mos - Blue baby

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (secondary) Premature - 6 mos -

_____ (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? _____ date of _____

Was there an autopsy?

What test confirmed diagnosis?

Signed S. D. Little M. D.

19 (Address) 125 N. Monroe

* 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: County Cem

DATE OF BURIAL: Aug 24 1924

20. UNDERTAKER: H M Maus

ADDRESS: Phoenix Ariz