1525

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 106
County Registrar's - No. 1[illegible]9
Local Registrar's - No. 830

PLACE OF DEATH

1. County ~~Maricopa~~
District
Town or City Phoenix No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME W. O. Thomson
(a) Residence. No. 944 E. Van Buren 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: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): Married

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

6. DATE OF BIRTH (month, day and year) May 26, 1858

7. AGE Years: 66 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired, Carpenter
(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) Ind.

PARENTS

10. NAME OF FATHER E. Thomson
11. BIRTHPLACE OF FATHER (city or town) (State or country) Ind.
12. MAIDEN NAME OF MOTHER Hoag
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14. Informant (Address)

15. Filed 9/8/ 1924 [signature] Local Registrar.
Filed [illegible] 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 9/1/24 19

17. I HEREBY CERTIFY, That I attended deceased from 8/31, 1924 to 9/1 8/31, 1924
that I last saw h[illegible] alive on 8/31, 1924
and that death occurred, on the date stated above, at.....m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed [signature] M. D.
9/2 1924 (Address [illegible])

State the Disease Causing Death, [illegible] 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: Greenwood, Cemetery
DATE OF BURIAL: 9/4/24 19

20. UNDERTAKER: A. H. McLellan
ADDRESS: 617 N.Center