4871

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. 109
County Registrar's - No. 1463
Local Registrar's - No. 929

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 Infant of Charles Lewis Nafziger

(a) Residence. No. 1150 E. Filmore 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)

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

6. DATE OF BIRTH (month, day and year) Oct 1, 1924

7. AGE Years: 0 Months: 0 Days: 0 IF LESS than 1 day hrs. or 0 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) Phoenix
(State or country)

PARENTS

10. NAME OF FATHER Chas Lewis Nafziger
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Ill.
12. MAIDEN NAME OF MOTHER Mable Dillie
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Iowa

14. Informant
(Address)

15. Filed 10-6-, 1924 [signature] Local Registrar.
Filed , 19 County Registrar.
OCT 10 1924

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct 1, 1924

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 ,
that I last saw h alive on , 19 ,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Born at age 5 mos. 3 wks fetus,
Ceased breathing almost at once.

(duration) 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? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Elton R. Charron M. D.
10-6 1924 (Address) 219 Goodrich Bldg. Phoenix Ariz.

* 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: Forest Lawn Cemetery
DATE OF BURIAL: Oct. 2 1924

20. UNDERTAKER: A. L. MOore & Sons
ADDRESS