

2701

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa  
District \_\_\_\_\_  
Town or City Phoenix

BUREAU OF VITAL STATISTICS

State Index - - - No. 126  
County Registrar's - No. 1736  
Local Registrar's - No. 1108

ORIGINAL CERTIFICATE OF DEATH

No. 321 West Jefferson St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Frank G. Pruitt  
(a) Residence. No. 321 West Jefferson St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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 Single  
(Write the word)  
5a. If married, widowed, or divorced HUSBAND of  
(or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year) 12/1/24  
7. AGE Years Months Days IF LESS than 1 day, 2 hrs. or min. 0 0 0  
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) Ariz.  
10. NAME OF FATHER Bethel Pruitt  
11. BIRTHPLACE OF FATHER \_\_\_\_\_ (city or town) (State or country) Mo  
12. MAIDEN NAME OF MOTHER Ivy  
13. BIRTHPLACE OF MOTHER \_\_\_\_\_ (city or town) (State or country) Arizona

PARENTS

14. Informant (Address) Father  
15. Filed 12-1-24 Local Registrar. \_\_\_\_\_  
Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.  
V. S. No. 1

16. DATE OF DEATH (month, day, and year) 12/1/24  
17. I HEREBY CERTIFY, That I attended deceased from 12-1- 1924 to 12-1- 1924, that I last saw him alive on 12-1- 1924, and that death occurred, on the date stated above, at 6 A. M.  
The CAUSE OF DEATH\* was as follows:

Premature birth (about 7 1/2 mos) lived 2 hrs  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
18. Where was disease contracted \_\_\_\_\_ (city or town) (State or country) \_\_\_\_\_  
Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) [Signature] M. D.  
19 \_\_\_\_\_ (Address)

\* 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 Greenwood DATE OF BURIAL 12/1/24 19 \_\_\_\_\_  
20. UNDERTAKER A.L. Moore & Sons ADDRESS \_\_\_\_\_