

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 <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	State Index - - - No. <u>333</u>
District _____		ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>115</u>
Town <u>Phoenix</u>		Local Registrar's - No. <u>121</u>	
or City _____		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street number)			
2. FULL NAME <u>Infant Son of C.W. Ross</u>			
(a) Residence. No. <u>1708 West Roosevelt</u>		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			MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR or RACE White	5. SINGLE, MARRIED, WIDOWED or DIVORCED Infant <small>(Write the word)</small>	16. DATE OF DEATH (month, day, and year) <u>1/30/1925</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			17. I HEREBY CERTIFY, That I attended deceased from _____ <u>Jan 31</u> , 19 <u>25</u> that I last saw <u>him</u> alive on <u>Jan 31</u> , 19 <u>25</u> and that death occurred, on the date stated above, at <u>12:15A.</u> The CAUSE OF DEATH* was as follows: <u>Deformed child died</u> <u>few hrs. after birth.</u>
6. DATE OF BIRTH (month, day and year) <u>1/30/25</u>			(duration) _____ yrs. _____ mos. _____ ds.
7. AGE <u>5 hrs.</u>	Months _____	Days _____	IF LESS than 1 day <u>5</u> 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 _____			CONTRIBUTOR (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
9. BIRTHPLACE (city or town) <u>Phoenix</u> (State or country) <u>Arizona</u>			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? _____
10. NAME OF FATHER <u>C.W. Ross</u>			(Signed) <u>[Signature]</u> , M. D. <u>Jan 31 1925</u> (Address) <u>Phoenix Ariz</u>
11. BIRTHPLACE OF FATHER _____ (city or town) (State or country) <u>Missouri</u>			* 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.)
12. MAIDEN NAME OF MOTHER <u>Rosie M. Knight</u>			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood Cemetery</u>
13. BIRTHPLACE OF MOTHER _____ (city or town) (State or country) <u>Oregon</u>			DATE OF BURIAL <u>1/31/1925</u>
14. Informant <u>C.W. Ross</u> (Address) <u>1708 W. Roosevelt, City</u>			20. UNDERTAKER <u>J.T. Whitney</u>
15. Filed <u>1-31-25</u> _____ Local Registrar.			ADDRESS <u>134 W. Adams</u>
Filed _____, 19 _____ County Registrar.			
V. S. No. 1			