2979

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 211
County Registrar's - No.
Local Registrar's - No. 234

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—KEEP FOR BINDING

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 Arthur Robert Wilmoth

(a) Residence. No. 2222 N.Dayton St St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Male	White	Single

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

6. DATE OF BIRTH (month, day and year) Aug. 24 1920

7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	4	10		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Arizona

PARENTS

10. NAME OF FATHER Arthur Wilmoth
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Mo.
12. MAIDEN NAME OF MOTHER Kers
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Colo.

14. Informant Father
(Address)

15. Filed 6-16, 1925 [illegible] Local Registrar.
Filed , 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6/14/25 19

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1925 to June 14, 1925
that I last saw h.. alive on June 14, 1925
and that death occurred, on the date stated above, at 2 p.m.
The CAUSE OF DEATH* was as follows:
Tubercular Meningitis
(duration) yrs. mos. 21 ds.
CONTRIBUTORY (Secondary) Tuberculosis of Lungs
(duration) 2 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? ✓
What test confirmed diagnosis
(Signed [illegible] M. D.
June 15 1925 (Address) Phoenix

* 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 6/16/25 19

20. UNDERTAKER A.L.Moore & Sons — ADDRESS Phoen