

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN E-WRITE PLAINLY WITH UNFADING INK—THIS IS A 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
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 279
County Registrar's - No. _____
Local Registrar's - No. 371

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME C. A. Heath
(a) Residence. No. 4 Mi. E. Tempe Road 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 Married
(Write the word)
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years _____ Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min. 40
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (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) Iowa

16. DATE OF DEATH (month, day, and year) 7/21/25
17. I HEREBY CERTIFY, That I attended deceased from July 14th, 1925 to July 21st, 1925 that I last saw him alive on July 20th, 1925 and that death occurred, on the date stated above, at 2:30 P. M. The CAUSE OF DEATH* was as follows:
Streptococcus
beginning as a streptococci
Bowel & invading the
blood stream (duration) _____ yrs. mos. 10 ds.

PARENTS
10. NAME OF FATHER Heath
11. BIRTHPLACE OF FATHER (State or country) Unknown
12. MAIDEN NAME OF MOTHER Mary
13. BIRTHPLACE OF MOTHER (State or country) Unknown

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? Blood culture
(Signed) R. J. Stovall, M. D. (Address) 7/22 1925 Tempe
* 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.)

14. Informant (Address) Wife
15. Filed 7/30, 1925 M. O. Sneed, M.D. Local Registrar.
V. S. No. 1 _____ County Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Cem DATE OF BURIAL 7/30/1925
20. UNDERTAKER A. H. McLellan ADDRESS 617 N. Central