

9230

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Maricopa State:
District or Township: Mesa District of Village:
City: Mesa No. (If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME: Frank Kenneth Goodman
(a) Residence No. (Usual place of abode) St. Ward.
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): Nov 17 1913
7. AGE: Years 11, Months 10, Days 4, IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: School Boy; (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): Ariz
10. NAME OF FATHER: Joe T Goodman
11. BIRTHPLACE OF FATHER: (State or country) Utah
12. MAIDEN NAME OF MOTHER: Annie Morae
13. BIRTHPLACE OF MOTHER: (State or country) Utah

PARENTS

14. Informant: J T Goodman (Address) Mesa
15. Filed: Sept. 21, 1925 J. J. McNeil Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Sept 21 1925
17. I HEREBY CERTIFY, That I attended deceased from Sep 1 1925 to Sep 21 1925 that I last saw him alive on Sep 20 1925 and that death occurred, on the date stated above, at 4:20 a.m. The CAUSE OF DEATH* was as follows: Unknown
CONTRIBUTORY (Secondary) Diphtheria (duration) yrs. mos. 1 ds. (duration) yrs. mos. 20 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) E. C. Schubar M. D. Sep 21 1925 (Address) Mesa 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: St David, Ariz DATE OF BURIAL: Sept 22
20. UNDERTAKER: W. A. Burton Sons ADDRESS: Mesa

MARGIN RESERVED FOR BINDING
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.