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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked for accuracy. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County: Gila State: Arizona District or Township: Phoenix or Village: _____
 City: Phoenix, Arizona (If death occurred in a hospital or institution give its NAME instead of street and number).
 2. FULL NAME: Dorothy Pearl Kullungs head
 (a) Residence No. 4111 S. Meely St. St. _____ Ward _____
 Length of residence in city or town where death occurred yrs. 14 mos. _____ ds. _____ How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. COLOR OF RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Child
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: July 21-1924
 6. DATE OF BIRTH (month, day and year): _____
 7. AGE: Years 1 Months 2 Days _____ IF LESS than 1 day _____ hrs. _____ or _____ min.
 8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: Chief
 (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): Phoenix, Arizona
 10. NAME OF FATHER: Clarence Hallingford
 11. BIRTHPLACE OF FATHER (State or country) (city or town): Utah
 12. MAIDEN NAME OF MOTHER: Stella Edwards
 13. BIRTHPLACE OF MOTHER (State or country) (city or town): Utah
 14. Informant: Clarence Hallingford
 (Address) near here
 15. Filed: Oct 2, 1925 C. C. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Oct 1, 1925
 17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925 to Oct 1, 1925, that I last saw him _____ alive on _____ and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: Pertussis
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (Secondary) Broncho-pneumonia
 (duration) _____ yrs. _____ mos. 15 ds.
 18. Where was disease contracted? _____ If not at place of death? _____
 Was an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? none
 (Signed) J. F. Miller, M. D.
Oct 2, 1925 (Address) Phoenix, 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: General Cemetery DATE OF BURIAL: Oct 2-1925
 20. UNDERTAKER: J. H. Miles ADDRESS: Phoenix