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BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 312

Registered No. 980

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ..... or Village ..... or

City Phoenix No. St Joseph Hospital St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number),

2. FULL NAME Nathan Brown

(a) Residence. No. Woods Cross, Utah St., ... Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 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) Divorced

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

6. DATE OF BIRTH (month, day and year) Oct. 27th 1889

7. AGE Years 36 Months 3 Days 29 IF LESS than 1 day ..... hrs. or ..... min.

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) Utah

(State or country)

PARENTS

10. NAME OF FATHER Alma C. Brown

11. BIRTHPLACE OF FATHER Utah (city or town)

(State or country)

12. MAIDEN NAME OF MOTHER Phebe Hatch

13. BIRTHPLACE OF MOTHER Utah (city or town)

(State or country)

14. Informant Mrs Frank Brown

(Address) Woods Cross Utah

15. Filed 3-2-, 19 26 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb 26th 1926

17. I HEREBY CERTIFY, That I attended deceased from Feby. 8th, 1926 to Feby. 25th, 1926, that I last saw him alive on Feby. 25th, 1926, and that death occurred, on the date stated above, at 12:00 M. The CAUSE OF DEATH* was as follows:

Chronic pulmonary tuberculosis advanced stage

(duration) Several yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) — yrs. — mos. 7 ds.

Where was disease contracted if not at place of death? In U.S. Army

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Wm. C. Schroeder, M. D.

2-26 1926 (Address) U. S. Veterans Bureau Office

* 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 March 3rd 1926

20. UNDERTAKER H. M. Mans.

ADDRESS 311 N. 1st Ave.

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 be careful to state CAUSE OF DEATH in plain English, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.