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

1. PLACE OF DEATH: Maricopa County, Phoenix, Arizona. State File No. 266, Registered No. 1054. Full Name: William F. Bradley. (a) Residence No. Phoenix, Ariz., St. Ward. Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M. 4. COLOR or RACE: W. 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single. 5a. If married, widowed, or divorced: HUSBAND of W.W. Bradley. 6. DATE OF BIRTH: [blank]. 7. AGE: 16 Years, Months, Days. IF LESS than 1 day: hrs. min. 8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: shoe girl. (b) General nature of industry, business or establishment in which employed (or employer): [blank]. (c) Name of employer: [blank].

9. BIRTHPLACE (city or town) (State or country): Texas. 10. NAME OF FATHER: W.W. Bradley. 11. BIRTHPLACE OF FATHER (city or town) (State or country): Texas. 12. MAIDEN NAME OF MOTHER: Miss Miller. 13. BIRTHPLACE OF MOTHER (city or town) (State or country): Tex.

14. Informant: W.W. Bradley. (Address): [blank]. 15. Filed: 3/20/46. Registrar: M. D. [blank].

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 3/18/46. 17. I HEREBY CERTIFY, That I attended deceased from [blank] 19[blank] to [blank] 19[blank]. that I last saw her alive on 3/15/46, 1926 and that death occurred, on the date stated above, 6 a.m. The CAUSE OF DEATH* was as follows: Embolism.

CONTRIBUTORY (Secondary): St. femur (duration) yrs. mos. ds. 18. Where was disease contracted? If not at place of death? [blank]. Did an operation precede death? [blank] Date of [blank]. Was there an autopsy? [blank]. What test confirmed diagnosis? [blank]. (Signed) [blank] M. D.

* 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: Forest Lawn. DATE OF BURIAL: 3/19/46. 20. UNDERTAKER: [blank]. ADDRESS: [blank].

N. B.—WRITE IN 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.

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