2393

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 142

Registered No. 1217

1. PLACE OF DEATH

County: Maricopa State: Arizona

District or Township: _____ or Village: _____

City: Phoenix No. St. Joseph's Hospital St., _____ Ward

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

2. FULL NAME: George Whitfield Cave

(a) Residence. No. 129 West McDowell 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. 8 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Cave

6. DATE OF BIRTH (month, day and year) 8/6/1897

7. AGE Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
28			

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): South Carolina

PARENTS

10. NAME OF FATHER: John B. Cave

11. BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12. MAIDEN NAME OF MOTHER: Craddock

13. BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14. Informant: Mrs. Geo. W. Cave

(Address) Palatka Florida

15. Filed 5/3, 1926 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 5/2/ 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1925 to May 2, 1926, that I last saw him alive on May 2, 1926 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? Florida

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

May 2 1926 (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 ~~DEATH OR~~ REMOVAL: Palatka Florida

DATE OF BURIAL: 5/4/1926

20. UNDERTAKER: J. T. Whitney

ADDRESS: Phoenix

be properly classified. Exact statement of OCCUPATION is very important.—See instruction on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer or Planter, Physician, Comptor, Architect, Locomotive engineer, Civil engineer, Stationary fireman**, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. Assume(e.g. (a) Spinner, (b) Cotton Mill; (a) **Salesman**, (b) Department Store. The material

carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., **sepsis, tetanus**) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.