2645

MARGIN RESERVED FOR BINDING

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 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 365
County Registrar's - - No.
Local Registrar's - - - No. 481

PLACE OF DEATH

1. County Pima
District 12
Town or City Tucson No. #7 Bonita St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Phillip Davis Hiatt

(a) Residence. No. 7 Bonita St. 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. 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	Single

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

6. DATE OF BIRTH (month, day and year) Apr, 18, 1923

7. AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
3	1	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Tucson
(State or country) Arizona

PARENTS

10. NAME OF FATHER Fred W. Hiatt
11. BIRTHPLACE OF FATHER Sheridan (city or town)
(State or country) Ind.
12. MAIDEN NAME OF MOTHER Alice May Bohr.
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Ill.

14. Informant Fred W. Hiatt
(Address)

15. Filed 5/24 1926 Dr. Ae Sethrakel Local Registrar.
Filed ...19 County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 20th 1926

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1926 to May 19, 1926, that I last saw him alive on May 19, 1926, and that death occurred, on the date stated above, at 1:30A m.
The CAUSE OF DEATH* was as follows:
Dysentery
(duration) ...yrs. ...mos. 21 ds.

CONTRIBUTORY (Secondary)
(duration) ...yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? ✓
What test confirmed diagnosis?
(Signed) Chas A. Peterson M.D.
May 20. 1926 (Address) 123 S Stone

* 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 Tempe, Ariz
DATE OF BURIAL 5/25 1926

20. UNDERTAKER Parker-Grimshaw Co.
ADDRESS Tucson, Arz