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MARGIN RESERVED FOR BINDING. 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.

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

1. PLACE OF DEATH
County: Maricopa State: Arizona State File No. 195
District or Township: _____ or Village: _____ Registered No. 1362
City: Phoenix No. Arizona Packing Co. Plant St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME: Conrad Brown
(a) Residence. No. Arizona Packing Plant 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 23 yrs. mos. ds. How long in U. S. if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Evelyn Brown</u>				
6. DATE OF BIRTH (month, day and year) <u>June 8th.</u>				
7. AGE <u>32</u>	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Sausage Maker</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Ariz. Packing Plant</u> (c) Name of employer _____				
9. BIRTHPLACE (city or town) _____ (State or country) <u>Germany</u>				
10. NAME OF FATHER ? <u>Brown</u>				
11. BIRTHPLACE OF FATHER _____ (State or country) <u>Germany</u> (city or town)				
12. MAIDEN NAME OF MOTHER <u>Dont Know</u>				
13. BIRTHPLACE OF MOTHER _____ (State or country) <u>Germany</u> (city or town)				
14. Informant <u>Mrs. C. Brown</u> (Address) <u>Route 7- Phoenix Ariz.</u>				
15. Filed <u>6/12/26</u> <u>J.T. Whitney</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (month, day, and year)	<u>6/10/ 19 26</u>
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw h. <u>im</u> alive on <u>never</u> , 19____ and that death occurred, on the date stated above, at <u>About 5:45</u> m. The CAUSE OF DEATH* was as follows: <u>Accidental</u> p.	
18. (duration) _____ yrs. _____ mos. _____ ds. Secondary <u>Caught on descending elevator</u> (duration) _____ yrs. _____ mos. _____ ds. <u>for</u>	
19. Where was disease contracted? _____ if not at place of death? _____ Did an operation precede death? <u>yes</u> Date of _____ Was there an autopsy? <u>yes</u> What test confirmed diagnosis? _____ (Signed) <u>James J. [unclear]</u> , M. D. <u>June 11 1926</u> (Address) <u>Phoenix Arizona</u>	
* 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, XXXXXX <u>Greenwood Cemetery</u>	DATE OF BURIAL <u>6/12/1926</u>
20. UNDERTAKER <u>J.T. Whitney</u>	ADDRESS <u>Phoenix</u>