

1584

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 BIRTH County: Maricopa State: Arizona District or Township: Phoenix City: Phoenix No. St. Joseph's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number).

State File No. 133 Registered No. 1568

2. FULL NAME Dorsey Elsworth Schnebly (a) Residence No. St. Johns Arizona (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. 3 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. Married 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Schenbly 6. DATE OF BIRTH (month, day and year) 11/13/26/ 7. AGE Years 53 Months Days IF LESS than 1 day. hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work District School (b) General nature of industry, business or establishment in which employed (or employer) Principal (c) Name of employer 9. BIRTHPLACE (city or town) (State or country) Missouri 10. NAME OF FATHER Daniel H. Schnebly 11. BIRTHPLACE OF FATHER (city or town) (State or country) Maryland 12. MAIDEN NAME OF MOTHER Maria Adams 13. BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14. Informant Mrs. D.E. Schnebly (Address) St Johns Ariz. 15. Filed Sept 8, 1926 Registrar J.T. Whitney

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (month, day, and year) 9/7/ 19 26 17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 19 26 to Sept 7, 19 26 that I last saw him alive on Sept 7, 19 26 and that death occurred, on the date stated above, at 2-A. m. The CAUSE OF DEATH* was as follows: Nephritis (Acute) (duration) 2 yrs. mos. ds. CONTRIBUTORY Past operative Myeloma (Secondary) (duration) yrs. mos. ds. 18. Where was disease contracted If not at place of death? Did an operation precede death? Date of Sept 4-26 Was there an autopsy? What test confirmed diagnosis? (Signed) M.D. (Address) * 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 INTERMENT OR REMOVAL St. Johns Arizona DATE OF BURIAL Sept. 8th, 1926 20. UNDERTAKER J.T. Whitney ADDRESS Phoenix