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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.

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

1. PLACE OF DEATH  
 County Maricopa State Arizona District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number),

2. FULL NAME Alice Kempton  
 (a) Residence No. N.E. of Phoenix 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. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>			16. DATE OF DEATH (month, day, and year) <u>Sept 21 1926</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					17. I HEREBY CERTIFY, that I attended deceased from <u>Sept 19</u> , 19 <u>26</u> to <u>Sept 21</u> , 19 <u>26</u> that I last saw <u>her</u> alive on <u>Sept 19</u> , 19 <u>26</u> and that death occurred, on the date stated above, at <u>9:30</u> a. m. THE CAUSE OF DEATH* was as follows: <u>Malnutrition</u>	
6. DATE OF BIRTH (month, day and year) _____					18. Where was disease contracted if not at place of death? <u>Arizona</u>	
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	CONTRIBUTOR (Secondary) <u>None Not Known</u> (duration) _____ yrs. _____ mos. _____ da.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					18. Where was disease contracted if not at place of death? <u>Arizona</u> Did an operation precede death? <u>No</u> Date of <u>No</u> Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Autopsy</u> (Signed) <u>J. B. Smith</u> M. D. 19 _____ (Address) _____	
9. BIRTHPLACE (city or town) _____ (State or country) <u>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.)	
10. NAME OF FATHER <u>Calvin Kempton</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>State of Lower</u>	
11. BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Arizona</u>					DATE OF BURIAL <u>9-27-26</u>	
12. MAIDEN NAME OF MOTHER <u>Palmer</u>					ADDRESS <u>334-W. Monroe</u>	
13. BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Arizona</u>					20. UNDERTAKER <u>W. F. H.</u>	
14. Informant <u>Mother</u> (Address) _____						
15. Filed <u>Sept 28</u> , 19 <u>26</u> <u>W. C. Sweet</u> Registrar. <u>W. C. Sweet</u>						