400159

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 148

Registered No. 668

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ..... or Village ..... or

City Phoenix No. 2313 Dayton St., ... Ward

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

2. FULL NAME Infant Lepker

(a) Residence. No. ..... 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: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Single

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

6. DATE OF BIRTH (month, day and year) June 3 - 1927

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

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

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

PARENTS

10. NAME OF FATHER Arthur Lepker

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

12. MAIDEN NAME OF MOTHER Bessie Lee Garrett

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Arkansas

14. Informant T. J. Garrett

(Address) 12th St. and Virginia Ave

15. Filed 6-9, 1927. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June (Month) 3 (Day) 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1927 to ....., 19....,

that I last saw h..... alive on ....., 19....,

and that death occurred, on the date stated above, at 4:00 A.m.

The CAUSE OF DEATH* was as follows:

Premature

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

CONTRIBUTORY (Secondary)

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

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

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] 19 (Address), M. D.

* 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: Greenwood

DATE OF BURIAL: June 3 - 1927

20. UNDERTAKER: H. M. Maus

ADDRESS: 311 N. 1st Ave.