

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be care-  
 fully 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. 177  
 District or Township Mesa Village or Ward \_\_\_\_\_  
Mesa City, No. Community Hospital.  
 (If death occurred in a hospital or institution, give the NAME instead of street and number.)  
 2. FULL NAME Baby of Mr + Mrs Marshall N. Harmon.  
 (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, WIDOW-ED or DIVORCED. Single  
 (Write the word)  
 5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day and year) Aug 14-1927  
 7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than 1 day \_\_\_\_\_ 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) Mesa (State or country) Arizona  
 10. NAME OF FATHER Marshall N Harmon  
 11. BIRTHPLACE OF FATHER Melrose (city or town) Ark. (State or country)  
 12. MAIDEN NAME OF MOTHER Emma Trumble  
 13. BIRTHPLACE OF MOTHER Mesa (city or town) Ark. (State or country)  
 14. Informant M. N. Harmon (Address) Mesa Ark  
 15. Filed 9-3-27 H. L. McNeill Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 14 1927  
 Month Day Year  
 17. I HEREBY CERTIFY That I attended deceased from Aug 14 1927 to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred, on the date stated above, at 11:20 A. M.  
 The CAUSE OF DEATH\* was as follows:  
Still Born  
 (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? NO Date of \_\_\_\_\_  
 Was there an autopsy? NO  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) R. F. Paerman M. D.  
Aug 14 1927 (Address) Mesa  
 \* 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 Mesa Cemetery DATE OF BURIAL Aug 15-1927  
 20. UNDERTAKER M. L. Gibbons ADDRESS Mesa