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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

1. PLACE OF DEATH
 County Maricopa State Arizona State File No. 183
 District or Township _____ or Village _____ or _____
 City Phoenix No. St. Joseph's Hospital St. Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John Walter Hughes
 (a) Residence, No. Phoenix, Ariz. 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Infant</u>			16. DATE OF DEATH <u>August 16th</u> , 19 <u>27</u> Month Day Year	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 8</u> , 19 <u>27</u> to <u>Aug 16</u> , 19 <u>27</u> that I last saw him alive on <u>Aug 6</u> , 19 <u>27</u> and that death occurred, on the date stated above, at <u>3:45-P.</u> m. The CAUSE OF DEATH* was as follows: <u>Inanition due to</u> <u>Enteritis & Infection</u> <u>of throat</u> (duration) _____ yrs. _____ mos. _____ ds.	
6. DATE OF BIRTH (month, day and year) <u>June 2-1926</u>					CONTRIBUTORY (Secondary) (duration) _____ yrs. <u>1</u> mos. _____ ds.	
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	18. Where was disease contracted If not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? (Signed) <u>8/17/27 J.C. Sandmire</u> , M. D. 19 _____ (Address)	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					* 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).	
9. BIRTHPLACE (city or town) <u>Tucson</u> (State or country) <u>Arizona</u>					19. PLACE OF BURIAL, CREMATION OR X REMOVAL X DATE OF BURIAL <u>St. Francis Cemetery</u> <u>8/18/1927</u>	
10. NAME OF FATHER <u>Walter J. Hughes</u>					29. UNDERTAKER <u>J.T. Whitney</u>	
11. BIRTHPLACE OF FATHER (city or town) <u>New York</u> (State or country) _____					ADDRESS <u>Phoenix</u>	
12. MAIDEN NAME OF MOTHER <u>Lillian Shanks</u>						
13. BIRTHPLACE OF MOTHER (city or town) <u>Colorado</u> (State or country) _____						
14. Informant <u>Walter J. Hughes</u> (Address) <u>Phoenix, Arizona</u>						
15. Filed <u>8-25</u> , 19 <u>27</u> . <u>W.D. Sargent</u> Registrar						