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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

State File No. 187

Registered No. 930

1. PLACE OF DEATH

County Maricopa State

District or Township or Village

City Phoenix No. 717 So 1st St., or Ward

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

2. FULL NAME Homer Eugene Detwiler

(a) Residence, No. 717 So. 1st 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. 4 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) Aug 12, 1927

7. AGE Years Months Days 5 IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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) Phoenix Ariz

PARENTS

10. NAME OF FATHER Homer W. Detwiler

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

12. MAIDEN NAME OF MOTHER Mabel C. Varner

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

14. Informant Homer W. Detwiler (Address) 717 So. 1st St.

15. Filed 8-25, 1929. W. C. Sweek Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug (Month) 17 (Day) 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1927 to Aug 17, 1927, that I last saw him alive on Aug 16, 1927, and that death occurred, on the date stated above, at 6:15 a.m. The CAUSE OF DEATH* was as follows:

Premature delivery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation few months ago on mother Fallopian tube removed

18. Where was disease contracted

If not at place of death? —

Did an operation precede death? yes on mother Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C B Palmer, M. D.

Aug 17 1927 (Address) Phoenix Ariz

* 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 Cemetery

DATE OF BURIAL Aug 17, 1927

20. UNDERTAKER H M Maus

ADDRESS Phoenix