

26 12

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully applied. 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 Mesa District City Mesa No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number).

State File No. 112  
 Registered No. 133

2. FULL NAME Dr. J. Allen  
 (a) Residence No. Mesa, 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. 7 moe. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ moe. \_\_\_\_\_ 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. <u>Widowed</u> <small>(Write the word)</small>		16. DATE OF DEATH <u>Nov 1</u> 19 <u>27</u> <small>Month Day Year</small>			
5a. If married, widowed, or divorced HUSBAND of <u>Glady's Allen</u> (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15</u> , 19 <u>27</u> to <u>Oct 31</u> , 19 <u>27</u> that I last saw him alive on <u>Oct 31</u> , 19 <u>27</u>			
6. DATE OF BIRTH (month, day and year) <u>Jan 20</u>				and that death occurred, on the date stated above, at <u>10 a. m.</u> The CAUSE OF DEATH* was as follows: <u>Myocarditis</u>			
7. AGE Years <u>40</u> Months <u>9</u> Days <u>10</u>		IF LESS than 1 day _____ hrs. or _____ min.		CONTRIBUTORY (Secondary) <u>Influenza</u> (duration) _____ yrs. _____ mos. _____ ds.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (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>Yes</u> Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Ordinary</u> (Signed) <u>L. H. Brown</u> , M. D. <u>11/2 1927 Mesa, Arizona</u>			
9. BIRTHPLACE (city or town) (State or country) <u>Tenn</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>Charles H Allen</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa Cemetery</u>		DATE OF BURIAL <u>Nov 3/27</u>	
11. BIRTHPLACE OF FATHER <u>N. Y.</u> (city or town) (State or country)				20. UNDERTAKER <u>W. A. Burton</u>			
12. MAIDEN NAME OF MOTHER <u>Annie Jones</u>				ADDRESS <u>Mesa</u>			
13. BIRTHPLACE OF MOTHER <u>Tenn</u> (city or town) (State or country)							
14. Informant <u>Rose Rowley</u> (Address) <u>Mesa</u>							
15. Filed <u>11-5</u> 19 <u>27</u> <u>H. W. McNeil</u> Registrar.							