

2679

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.

PLACE OF DEATH
Mariopon
Phoenix

ARIZONA STATE BOARD OF HEALTH

1. County *Mariopon* State Index - No. *177*
District *Phoenix* County Registrar's - No. *1123*
Town or City No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)
2. FULL NAME *No Name Oscar Laugel Jr.*
(a) Residence. No. *509 N. 10th Ave* St. _____ Ward _____
(Usual place of abode) (If nonresident, 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)
5a. If married, widowed, or divorced
HUSBAND of *✓*
(or) WIFE of _____
6. DATE OF BIRTH (month, day and year)
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) (State or country)
10. NAME OF FATHER *O. J. Laugel*
11. BIRTHPLACE OF FATHER *Elabe Ariz* (city or town) (State or country)
12. MAIDEN NAME OF MOTHER *Bertrine Marble*
13. BIRTHPLACE OF MOTHER *Casper Ariz* (city or town) (State or country)
14. Informant *O. J. Laugel* (Address)
15. Filed *11-21*, 19*27* *M. D. Search* Local Registrar.
Filed _____, 19____ County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) *4/19 1927*
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw h_____ alive on _____, 19____ and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:
Still born
Cause not known
Child was 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?
What test confirmed diagnosis?
(Signed) *O. J. Garrison* 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 *Mesa Ariz* DATE OF BURIAL *Nov 20 1927*
20. UNDERTAKER *Family* ADDRESS _____