2156

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.

MARGIN RESERVED FOR BINDING

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Maricopa State Arizona State File No. 349

District or Township ..... or Village ..... Registered No. 460

City Phoenix No. 1006-203 Ave St., ... or ..... Ward

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

2. FULL NAME Otis L. Christopher

(a) Residence, No. P/X 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: M

4. COLOR or RACE: Colored

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)

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(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) Arizona

PARENTS

10. NAME OF FATHER O. L. Christopher

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

12. MAIDEN NAME OF MOTHER Miss Hightower

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

14. Informant Family (Address)

15. Filed 3-29, 1928. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3/26/28 (Month Day Year 19..)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1928 to Mar. 26th 1928, 19..

that I last saw him alive on Mar. 26

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Infantile Cholera

(duration) ..... yrs. ..... mos. 18 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? Clinical

(Signed) [signature] M. D.

19 (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: Fox Lawn

DATE OF BURIAL: 3/27/28

20. UNDERTAKER: Mrs Symmes

ADDRESS: P/X