

2637

BUREAU OF VITAL STATISTICS - ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
County Maricopa State Ariz. State File No. 188  
District or Township Mesa or Village \_\_\_\_\_ Registered No. 227  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Mr. Henry Bennett  
(a) Residence. No. \_\_\_\_\_ 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. moe. 4 da. How long in U.S. if of foreign birth? yrs. moe. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed  
(Write the word)

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Aug 11 1861

7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
66 7 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Des Moines (State or country) Iowa

10. NAME OF FATHER Mr. H. Bennett

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

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

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

14. Informant Mr. Rufus Bennett (Address) Mesa Ariz.

15. Filed 4/5 1928 by A. L. T. (Gowan) Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 3 1928  
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 4-4 1928 to Apr 5 1928 that I last saw him alive on Apr 5 1928 and that death occurred, on the date stated above, at 6:45 m. The CAUSE OF DEATH was as follows:

Subacute suppurative  
peritonitis  
(duration) yrs. moe. 3 da.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) yrs. moe. da.

18. Where was disease contracted? Home If not at place of death? \_\_\_\_\_

Did an operation precede death? Yes Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? Microscopic (Signed) T. J. Gowan M. D. 4-6 1928 (Address) Mesa

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cem. DATE OF BURIAL Apr 7 1928

20. UNDERTAKER M. J. Gibbons ADDRESS Mesa Ariz.

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.