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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

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

State File No. 287  
Registered No. 576

2. FULL NAME Infant of R. J. Razez  
(a) Residence, No. 609 N 11th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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 \_\_\_\_\_ 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) Apr. 23, 28  
7. AGE Years Months Days 10 0 0 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) Phx. (State or country) Ariz.  
10. NAME OF FATHER R. J. Razez  
11. BIRTHPLACE OF FATHER \_\_\_\_\_ (State or country) \_\_\_\_\_ (city or town) Neb.  
12. MAIDEN NAME OF MOTHER Conklin  
13. BIRTHPLACE OF MOTHER \_\_\_\_\_ (State or country) \_\_\_\_\_ (city or town) Neb.

14. Informant \_\_\_\_\_ (Address) \_\_\_\_\_  
15. Filed 4-26, 1928. \_\_\_\_\_ Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 25 1928  
Month Day Year  
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:

Premature birth.  
\_\_\_\_\_ (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? no. Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? Legal evidence  
(Signed) [Signature] (Address) \_\_\_\_\_, 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 Greenwood DATE OF BURIAL 4-23-28  
20. UNDERTAKER A. L. MOORE & SONS ADDRESS \_\_\_\_\_