

256

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

1. PLACE OF DEATH Maricopa County, Arizona State File No. 235 Registered No. 713 District or Township Phoenix City No. Arizona Deaconess Hosp. St. Ward

2. FULL NAME Daniel Nelson Day Jr. (a) Residence, No. 2301 N. Edgemere St. Ward 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 Single 6. DATE OF BIRTH (month, day and year) May 15, 1928 7. AGE Years 0 Months 0 Days 4 8. OCCUPATION OF DECEASED Infant 9. BIRTHPLACE (city or town) Phoenix Arizona

PARENTS 10. NAME OF FATHER Daniel N. Day Sr. 11. BIRTHPLACE OF FATHER Texas 12. MAIDEN NAME OF MOTHER Alice Dean 13. BIRTHPLACE OF MOTHER Illinois 14. Informant Daniel N. Day Sr. (Address) 2301 N. Edgemere St. 15. Filed 5-23-28 Registrar

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH May 19th 1928 17. I HEREBY CERTIFY That I attended deceased from May 15 1928 to May 19 1928 that I last saw him live on May 19 1928 and that death occurred on the date stated above at 7 P. M. The CAUSE OF DEATH\* was as follows: Oedema of Lungs 18. Where was disease contracted If not at place of death? 19. PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Cemetery DATE OF BURIAL May 21, 1928 20. UNDERTAKER GRIMSHAW-ACTON CO. ADDRESS

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.