

1462

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 State File No. 276  
 County Maricopa State Arizona Registered No. \_\_\_\_\_  
 District or Township Phoenix 7th or Village \_\_\_\_\_  
 City Phoenix No. Ariz State Hospital Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).  
 2. FULL NAME Mortimer W. Nicko  
 (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 10 yrs. mos. ds. How long in U. S. if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE W 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married  
 (Write the word)  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs W W Nicko  
 6. DATE OF BIRTH (month, day and year)  
 7. AGE Years 28 Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Hotel operator  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer  
 9. BIRTHPLACE (city or town) San Angelo (State or country) Texas  
 10. NAME OF FATHER Jonathan Nicko  
 11. BIRTHPLACE OF FATHER Little Rock (city or town) Arkansas  
 12. MAIDEN NAME OF MOTHER Lydia Francis Newton  
 13. BIRTHPLACE OF MOTHER San Francisco (city or town) California  
 14. Informant State Hospital Records (Address) Phoenix Ariz  
 15. Filled 7-26-28 Lettie C. Heitz Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 26 1928  
 Month Day Year  
 17. I HEREBY CERTIFY That I attended deceased from June 11 1928 to July 24 1928  
 that I last saw him alive on July 25 1928  
 and that death occurred, on the date stated above, at 4:40 a.m.  
 The CAUSE OF DEATH\* was as follows:  
Psychosis with cerebral syphilis  
 (duration) \_\_\_\_\_ yrs. mos. ds.  
 CONTRIBUTORY \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. mos. ds.  
 18. Where was disease contracted If not at place of death? unknown  
 Did an operation precede death? no Date of \_\_\_\_\_  
 Was there an autopsy? no  
 What test confirmed diagnosis? Laboratory  
 (Signed) R. G. Shearley M. D. July 26 1928 (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 DATE OF BURIAL  
 20. UNDERTAKER ADDRESS