

1875

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

1. PLACE OF DEATH
County: Maricopa State: Ariz
District or Township: Mesa or Village:
City:
No. (If death occurred in a hospital or institution, give its NAME instead of street and number):
2. FULL NAME: Baby of Mrs & Mrs Tom Thornton
(a) Residence No.: 1/2 Mile East of Mesa
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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of:
6. DATE OF BIRTH (month, day and year): Aug 6 - 1928
7. AGE: 0 Years, 0 Months, 0 Days
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) (State or country): Mesa Arizona
10. NAME OF FATHER: Vera Thornton
11. BIRTHPLACE OF FATHER (city or town) (State or country): Washington
12. MAIDEN NAME OF MOTHER: Joyce Ault
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Cedar Bluffs Ark
14. Informant: Vera Thornton (Address) Mesa Arizona
15. Filed Aug 7, 1928 by M.L. Gibbous Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Aug 6 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928 to Aug 6, 1928, that I last saw deceased on Aug 6, 1928 and that death occurred, on the date stated above, at 1:30 P.M. The CAUSE OF DEATH\* was as follows: Still Born & Premature
CONTRIBUTORY (Secondary)
18. Where was disease contracted? If not at place of death?
Did an operation precede death? Date of:
Was there an autopsy?
What test confirmed diagnosis? (Signed) J. J. O'Sullivan, M.D. Aug 7, 1928 (Address) Mesa
\* 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: Mesa Cemetery DATE OF BURIAL: Aug 7, 28
20. UNDERTAKER: M.L. Gibbous ADDRESS: Mesa Ariz