2384

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 161

Registered No. 1166

1. PLACE OF DEATH

County Maricopa State Dr Greenlee

District or Township ____ or Village ____ or

City ____ No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME James Christopher

(a) Residence, No. 1008 3 ave 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. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boe

4. COLOR or RACE Col

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)

7. AGE Years | Months | 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)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER Enterprise (city or town) (State or country) Texas

12. MAIDEN NAME OF MOTHER Blanche Dunge

13. BIRTHPLACE OF MOTHER Okla City (city or town) (State or country) Okla

14. Informant ____ (Address)

15. Filed ____, 19 ____ Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 4rd 1928 (Month Day Year) 19

17. I HEREBY CERTIFY, That I attended deceased from Sept. 4th, 19 28 to Sept. 4th 1928, 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:

STILLBORN

Stillborn

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) N.B. Greenlee (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 Forest Lawn

DATE OF BURIAL Sept. 4-1928

20. UNDERTAKER Merryman Co.

ADDRESS

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.