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

1. PLACE OF DEATH County Maricopa State Arizona District or Township Phoenix City Phoenix No. Good Samaritan Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number).

State File No. 176 Registered No. 1400

2. FULL NAME Darrell Roosevelt Antle (a) Residence, No. Litchfield Ariz. Length of residence in city or town where death occurred 1 yrs. 3 mos.

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. 28, 1900

7. AGE Years 28 Months 2 Days 11 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Carpenter (b) General nature of industry, business or establishment in which employed (or employer). (c) Name of employer

9. BIRTHPLACE (city or town) Roseyville Indiana (State or country)

10. NAME OF FATHER H.A. Antle

11. BIRTHPLACE OF FATHER Jeffersonville Indiana (State or country)

12. MAIDEN NAME OF MOTHER Mary E. Garten

13. BIRTHPLACE OF MOTHER Indiana (State or country)

14. Informant H.A. Antle (Address) Litchfield Ariz

15. Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 8th 1928 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928 Nov 8, 1928 that I last saw h. alive on Nov 8, 1928 and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows: Subcutaneous Myositis

CONTRIBUTORY (Secondary) Putrifying subcutaneous (duration) 15 ds.

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gram Stain (Signed) Frank M. D. (Address) M.D.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Cemetery DATE OF BURIAL Nov. 10, 28 ADDRESS

20. UNDERTAKER GRIMSHAW-ACTON CO.

PLEASE PRINT IN PLAIN LETTERS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.