5721

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

State File No. 155

Registered No. 1458

1. PLACE OF DEATH

County Maricopa State Ariz

District or Township _____ or Village _____ or

City Phoenix No. Good Samaritan Hosp St. _____ Ward

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

2. FULL NAME Bobbie Glynn Glover

(a) Residence. No. 6 Points Tourists Camp 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 0 yrs. 0 mos. 2 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR or RACE: W

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 31 1928

7. AGE: Years 0 | Months 3 | Days | IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hemet (State or country) Calif.

PARENTS

10. NAME OF FATHER James L. Glover

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

12. MAIDEN NAME OF MOTHER Lynn

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

14. Informant Father

(Address) 6 Points Tourists Camp

15. Filed _____, 19 [signature] Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. (Month) 1 (Day) 19 28 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1928 to Dec. 1, 1928, that I last saw him alive on Dec. 1, 1928, and that death occurred, on the date stated above, at 11:05 m. A

The CAUSE OF DEATH* was as follows:

Enteritis

_____ (duration) _____ yrs. _____ mos. 60 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

_____ (duration) _____ yrs. _____ mos. 60 ds.

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

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Suspension of life

(Signed) [signature], M. D.

307 Luhrs Bldg. (Address)

* 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: Dec. 3 1928

20. UNDERTAKER: A. L. MOORE & SONS

ADDRESS