9064

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

1. PLACE OF DEATH State File No. 491

County Pima State Registered No. 940

District or Township or Village or

City Tucson No. Southern Methodist St., Ward

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

2. FULL NAME William Weaver

(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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR or RACE White

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) ? 1889

7. AGE Years 39 Months ? Days ? IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook.

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

(c) Name of employer Manhattan Cafe.

9. BIRTHPLACE (city or town) (State or country) Okla.

PARENTS

10. NAME OF FATHER ?

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

12. MAIDEN NAME OF MOTHER ?

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

14. Informant No Relatives here, (Address) Hospital Records

15. Filed 12/4, 1928 Dr. Alvin Kinnear Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 2nd 1928 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1928 to Dec 2, 1928 that I last saw him alive on Dec 2, 1928, and that death occurred, on the date stated above, at 10 p m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Bilateral

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. 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? Clinical

(Signed) [signature], M. D.

12-3 1928 (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 Evergreen Cemetery

DATE OF BURIAL Dec 4-28

20. UNDERTAKER Arizona Mortuary

ADDRESS Tucson Ariz.

Fully supplied. AGE should be filled EARLY IN PARTICIPATION. Exact statement of OCCUPATION is very important. See instructions on back of certificate.