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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	
1. PLACE OF DEATH		State File No. <u>2119</u>		Registered No. <u>39</u>	
County <u>Maricopa</u>		State <u>Arizona</u>		District or Township _____ or Village _____ or City <u>Phoenix</u> No. _____ St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Jacob C. Brown</u>					
(a) Residence No. <u>902 N. Third St.</u>		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		How long in U. S. if of foreign birth?			
yrs. mos. ds.		yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.	16. DATE OF DEATH		
<u>Male</u>	<u>White</u>	<u>Married</u>	Month <u>1</u>	Day <u>5</u>	Year <u>1929</u>
5a. If married, widowed, or divorced			17. I HEREBY CERTIFY, That I attended deceased from		
HUSBAND of <u>Laura Brown</u>			<u>7-9</u> , 19 <u>25</u> to <u>1-5</u> , 19 <u>29</u> .		
(or) WIFE of _____			that I last saw him alive on <u>1-3</u> , 19 <u>29</u> .		
6. DATE OF BIRTH (month, day and year) <u>July 5, 1874</u>			and that death occurred, on the date stated above, at <u>9:30</u> a.m.		
7. AGE			The CAUSE OF DEATH* was as follows:		
Years	Months	Days	<u>Pulmonary tuberculosis</u>		
<u>54</u>			(duration) <u>18</u> yrs. mos. ds.		
8. OCCUPATION OF DECEASED			CONTRIBUTORY (Secondary)		
(a) Trade, profession, or particular kind of work <u>Credit Manager</u>			(duration) _____ yrs. mos. ds.		
(b) General nature of industry, business or establishment in which employed (or employer)			18. Where was disease contracted if not at place of death? <u>no.</u>		
(c) Name of employer _____			Did an operation precede death? <u>no</u> Date of _____		
9. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>			Was there an autopsy? <u>no</u>		
10. NAME OF FATHER <u>William M. Barker</u>			What test confirmed diagnosis? _____		
11. BIRTHPLACE OF FATHER (State or country) <u>Not known</u>			(Signed) <u>R. H. Hagg</u> , M. D.		
12. MAIDEN NAME OF MOTHER " "			<u>Jan 7 1929</u> (Address) <u>Phoenix, Ariz.</u>		
13. BIRTHPLACE OF MOTHER " (city or town) _____			* 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.)		
14. Informant <u>Murphy Brown</u>			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood</u>		DATE OF BURIAL <u>1/8/29</u>
(Address) _____			20. UNDERTAKER <u>A. H. McEllan</u>		ADDRESS <u>N. Central</u>
15. Filed _____, 19 <u>29</u>			Registrar. _____		