9748

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Maricopa State Arizona State File No. 372

District or Township ____ or Village ____ Registered No. 127

City Phoenix No. St. Joseph's St., ____ Ward or

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

2. FULL NAME Venice Claridge

(a) Residence. No. ____ (Usual place of abode) St., ____ Ward. ____ (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	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	White	

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.
14			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy

(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) Arizona

PARENTS

10. NAME OF FATHER Samuel Clardige

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

12. MAIDEN NAME OF MOTHER Fern Lorton

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

14. Informant ____ (Address)

15. Filed ____, 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 1 (Month) 20 (Day) 19 29 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929 to Jan 20, 1929, that I last saw him alive on Jan. 20, 1929, and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH* was as follows:

Spinal Meningitis

(duration) ____ yrs. ____ mos. 2 ds.

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

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

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) Thomas W. Woodman, M.D. By Mrs. Kelly

19 (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 1/21/29

20. UNDERTAKER A. H. McMillan 617 N. Central

ADDRESS

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.

M. ARGIN RESERVED FOR BINDING

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