2402

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 242

Registered No. 273

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ____ or Village ____

City Phoenix No. 1604 E. Monroe St., ____ or ____ Ward

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

2. FULL NAME N. B. Alexander

(a) Residence, No. ____ St., ____ Ward,

(Usual place of abode)

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.

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR or RACE: Wh

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

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

6. DATE OF BIRTH (month, day and year): ____

7. AGE: Years 56 | Months ____ | Days ____ | IF LESS than 1 day ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Machanic

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

(c) Name of employer: ____

9. BIRTHPLACE (city or town) (State or country): Texas

PARENTS

10. NAME OF FATHER: P. Alexander

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

12. MAIDEN NAME OF MOTHER: Mary Lamon

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

14. Informant: ____

(Address): Phoenix

15. Filed ____ 19 ____ W. A. Luckmiller Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 2-10-1929 (Month Day Year 19)

17. I HEREBY CERTIFY, That I attended deceased from 8-29, 1928 to 2-10, 1929, that I last saw him alive on Jan 23, 1929, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH* was as follows:

Myocarditis and myocardial failure, chronic nephritis.

(duration) 24 yrs. ____ mos. ____ ds.

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

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

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? History + Physical

(Signed) Howell Randolph M. D.

2-12 1929 (Address) 407 Goodrich

* 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~~: Frank Lamon

DATE OF BURIAL: 2/13/29

20. UNDERTAKER: Mangum

ADDRESS: Phx

be properly certified. Exact statement of OCCUPATION is very important.