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MARGIN RESERVED FOR BINDING. 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 **CERTIFICATE AMENDED** State Arizona State File No. 205

County Maricopa District or Township Phoenix City Phoenix or Village St. Joseph's Hospital Local Registrar's No. 703

2. FULL NAME Billy Hall No. 16-12-76 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward

(a) Residence, No. Glendale (Usual place of abode) St. Glendale Ward Glendale

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word) Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day and year) March 6-1929

7. AGE Years _____ Months _____ Days _____ IF LESS than day _____ hr. _____ or min. _____

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (city or town) Phoenix (State or country) Arizona

10. NAME OF FATHER J. E. Ashinhurst

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

12. MAIDEN NAME OF MOTHER Thrasher

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

14. Informant J. E. Ashinhurst (Address) _____

15. Filed _____ 19 _____ Registrar J. T. Whitney

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 6th 19 29

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

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ da.

18. Where was disease contracted If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) J. T. Whitney M. D. 3/8/29 (Address) Phoenix, Arizona

* 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 INTERMENT Forest Lawn Cemetery DATE OF BURIAL 3-7-1929

20. UNDERTAKER J. T. Whitney ADDRESS Phoenix