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

1. PLACE OF DEATH State File No. 210
County Maricopa State Arizona Local Registrar's No. 409
City Phoenix

2. FULL NAME BARON M GOLDWATER
(a) Residence, No. 710 N. Central St.
Length of residence in city or town where death occurred 40 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) May 8, 1898
7. AGE Years Months Days IF LESS than day or min. 62 10 28
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Merchant (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer
9. BIRTHPLACE (city or town) Los Angeles (State or country)
10. NAME OF FATHER Michel Goldwater
11. BIRTHPLACE OF FATHER Poland (city or town) (State or country)
12. MAIDEN NAME OF MOTHER Sarah Nathan
13. BIRTHPLACE OF MOTHER England (city or town) (State or country)
14. Informant Morris Goldwater (Address) Prescott Arizona
15. Filed Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH March 6, 1929
17. I HEREBY CERTIFY, That I attended, deceased from 1920 to March 6, 1929 that I last saw him alive on March 6, 1929 and that death occurred, on the date stated above, at 2D m. The CAUSE OF DEATH was as follows: Acute dilatation of heart
CONTRIBUTORY (Secondary) Maria Delores (duration) 10 yrs. mos. da.
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? (Signed) Ann Wyland 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 DATE OF BURIAL Greenwood Crematory Mar. 9 ADDRESS
20. UNDERTAKER A. L. MOORE & SONS A. L. MOORE & SONS

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.