374

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

1. PLACE OF DEATH — State File No. 342

County Maricopa State Arizona Registered No. 489

District or Township _____ or Village _____ or

City Phoenix No. _____ St., _____ Ward

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

2. FULL NAME Teng Guar Guey

(a) Residence. No. 13 Ave. and Buckeye Rd. 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 _____ 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	Chinese	Infant

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

6. DATE OF BIRTH (month, day and year) 12-30-1928

7. AGE Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	2	24	

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) (State or country) Phpenix, Arizona

PARENTS

10. NAME OF FATHER Teng Harry

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

12. MAIDEN NAME OF MOTHER Yee Shee

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

14. Informant Teng Harry (Address) Phoenix, Arizona

15. Filed _____, 19 [signature] Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 22nd. 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 22, 1929 to Feb 22, 1929, that I last saw him alive on 3/22, 1929 and that death occurred, on the date stated above, at 11:30-P m. The CAUSE OF DEATH* was as follows:

Pneumonia

Lobar Death.

_____ (duration) _____ yrs. _____ mos. 1 wk _____ ds.

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

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) [signature] 3/23 1929 (Address) Phoenix

* 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
Forest Lawn Cemetery	3-23-1929
20. UNDERTAKER	ADDRESS
J. T. Whitney	Phoenix

MARGIN RESERVED FOR BINDING

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.