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BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 350

1. PLACE OF DEATH

County Maricopa State Arizona Local Registrar's No. 522

District or Township _____ or Village _____ or

City Phoenix No. St. Joseph's Hospital St., _____ Ward

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

2. FULL NAME Dicky Steward

(a) Residence, No. 1537 E. Adams St., _____ Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

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

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

6. DATE OF BIRTH (month, day and year) Aug. 29, 1923

7. AGE Years 5 Months 6 Days 22 IF LESS than 1 day ___ hrs. 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) (State or country) Arizona

PARENTS

10. NAME OF FATHER R. F. Steward

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

12. MAIDEN NAME OF MOTHER Sadie Hinson

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

14. Informant R. F. Steward (Address)

15. Filed _____, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 22 (Day) 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 22 1920 to the Call, 19__, that I last saw him alive on Mar 22, 1929 and that death occurred, on the date stated above, at 5 P. m. The CAUSE OF DEATH* was as follows:

Injury to head Bar fracture (Auto accident)

(duration) ___ yrs. ___ mos. ___ 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) T. E. McNeill, M. D.

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: Forest Lawn Cem

DATE OF BURIAL: Mch 25

20. UNDERTAKER: A. H. McLellan 617

ADDRESS: N. Central

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.

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