424

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 391

Local Registrar's No. 497

1. PLACE OF DEATH

County Maricopa State

District or Township or Village or

City Phoenix No. 28th St & Maricopa Canal St., Ward

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

2. FULL NAME Edward Augustine Gilmore

(a) Residence, No. So 20th St 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 18 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	white	married

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

6. DATE OF BIRTH (month, day and year) April 21, 1859

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69	11	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(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) Texas

PARENTS

10. NAME OF FATHER Edward Gilmore

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

12. MAIDEN NAME OF MOTHER unknown

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

14. Informant

(Address)

15. Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3-27-29 (Month Day 19 Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-25, 1929 to 3-27-, 1929, that I last saw him alive on 3-25, 1929 and that death occurred, on the date stated above, at 9 A m. The CAUSE OF DEATH* was as follows:

Cancer of ear and left side of neck

(duration) 1 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? Examination

(Signed) C B Walker, M. D.

3-28 1929 (Address) Phoenix Ariz

* 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: Foresst Lawn

DATE OF BURIAL: 3-29-29

20. UNDERTAKER: A. L. MOORE & SONS

ADDRESS

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.

MARGIN RESERVED FOR BINDING

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