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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.

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

1. PLACE OF DEATH
 County Maricopa State Arizona State File No. 444
 District or Township _____ or Village _____ Local Registrar's No. 603
 City Phoenix No. Good Samaritan Hosp. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Still born infant of Ray Curtis
 (a) Residence, No. 16 So. 9th Ave. 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. da. How long in U.S. if of foreign birth? yrs. mos. da.

| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|----------------------------------|--|----------|--------------------|--|--------------------------|
| 3. SEX <u>Female</u> | 4. COLOR or RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) | | | 16. DATE OF DEATH <u>Mar. 30, 1929</u> | 19____ Month Day Year |
| 6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | | | 17. I HEREBY CERTIFY, That I attended deceased from <u>3/20</u> , 19 <u>29</u> to <u>3/30</u> , 19____ that I last saw h <u>w</u> alive on <u>dead</u> , 19____ and that death occurred, on the date stated above, at <u>4 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Still Born</u> | |
| 6. DATE OF BIRTH (month, day and year) <u>Mar. 30, 1929</u> | | | | | (duration) yrs. mos. da. | |
| 7. AGE | Years | Months | Days | IF LESS than 1 day | CONTRIBUTORY <u>Albin Munk</u> (Secondary) (duration) yrs. mos. da. | |
| <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | or min. | 18. Where was disease contracted If not at place of death? <u>Don</u> Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>apauty</u> (Signed) _____ M. D. 19____ (Address) | |
| 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 | | | | | * 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.) | |
| 9. BIRTHPLACE (city or town) <u>Phoenix</u> (State or country) | | | | | 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn</u> DATE OF BURIAL <u>Mar. 30/29</u> | |
| 10. NAME OF FATHER <u>Ray Curtis</u> | | | | | 20. UNDERTAKER <u>GRIMSHAW-ACTON CO.</u> | |
| 11. BIRTHPLACE OF FATHER <u>Eden, Ariz</u> (State or country) (city or town) | | | | | ADDRESS _____ | |
| 12. MAIDEN NAME OF MOTHER <u>Effie Smithston</u> | | | | | | |
| 13. BIRTHPLACE OF MOTHER _____ (State or country) (city or town) <u>Arizona</u> | | | | | | |
| 14. Informant <u>Father</u> (Address) _____ | | | | | | |
| 15. Filed <u>Apr. 15, 1929</u> <u>J. Woodman</u> Registrar. | | | | | | |