912

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 162

Registered No. 548

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township or Village

City Phoenix No. St., Ward

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

2. FULL NAME Henry C. Treiber

(a) Residence. No. 1011 North 27th. Street (Usual place of abode) St., Ward. (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? 52 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 ~~Kd WIFE MX~~ Bernadet Treiber

6. DATE OF BIRTH (month, day and year) 12-20-1855

7. AGE Years 73 Months Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

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

(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) Germany

PARENTS

10. NAME OF FATHER - Treiber

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. Informant Frank J. Treiber

(Address) Phoenix, Arizona

15. Filed ,19 W. O. Sweek M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 4th. 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1929 to April 4, 1929, that I last saw him alive on April 3, 1929, and that death occurred, on the date stated above, at 11:30-A. m. The CAUSE OF DEATH* was as follows:

Hypostatics Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? W. O. Ellis, M. D.

(Signed) 4-5 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~~ St. Francis Cemetery

DATE OF BURIAL 4-6-1929

ADDRESS Phoenix

20. UNDERTAKER J. T. Whitney

3 22669

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.