956

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

State File No. 200

Registered No. 593

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ____ or Village ____ or

City Phoenix No. Washington Booker T. Hospital Ward

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

2. FULL NAME George Oates

(a) Residence. No. ____ 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. 5 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 | Colored | Single |

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

6. DATE OF BIRTH (month, day and year) April 8-1908

| 7. AGE Years | Months | Days | IF LESS than 1 day ____ hrs. or ____ min. |
|---|---|---|---|
| 21 | | | |

8. OCCUPATION OF DECEASED

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

(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) Mississippi

PARENTS

10. NAME OF FATHER Hayes Oates

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

12. MAIDEN NAME OF MOTHER Young

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

14. Informant Agustine Oats James

(Address)

15. Filed Apr. 13, 1929 T. H. Woodman Registrar.

3 22669

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 10th, 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1929 to Apr. 13, 1929, that I last saw him alive on Apr. 10, 1929 and that death occurred, on the date stated above, at ____ m. The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

____ (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? ____ Date of ____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. C. Hackett, M. D.

Apr. 13 1929 (Address) 216 E. Washington

* 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 Cemetery

DATE OF BURIAL 4-13-1929

20. UNDERTAKER J. T. Whitney

ADDRESS Phoenix