9017

MARGIN RESERVED FOR BINDING

NOTE—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. 261

Registered No. 645

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township or Village or

City Phoenix No. 1476 East Pierce St. St., Ward

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

2. FULL NAME EDWARD EUGENE FLACK

(a) Residence, No. 1476 East Pierce 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 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) April 17, 1929

7. AGE Years 0 Months 0 Days 0 IF LESS than 1 day 12 hrs. or mins.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Phoenix

(State or country) Ariz.

PARENTS

10. NAME OF FATHER John L. Flack

11. BIRTHPLACE OF FATHER (city or town)

(State or country) Illinois

12. MAIDEN NAME OF MOTHER Hallie Weaver

13. BIRTHPLACE OF MOTHER (city or town)

(State or country) Missouri

14. Informant John L. Flack

(Address) 1476 E. Pierce St.

15. Filed 4/18, 1929 J. W. Woodman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 18th 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/17/29, 19 to 4/18/29, 19, that I last saw him alive on 4/17/29, 19, and that death occurred, on the date stated above, at 7 A. m. The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 12 hrs.

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

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) S. L. Garrison, M. D.

(Address)

* 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 Apr. 18, 29

20. UNDERTAKER GRIMSHAW-ACTON CO.

ADDRESS

3 22669