2430

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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 467

Registered No. 499

1. PLACE OF DEATH

County PIMA State ARIZONA

District or Township ____ or Village ____ Ward

City TUCSON No. U.S.Veterans' Hospital St., ____ (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Herbert L. Chenault C-None

(a) Residence. No. 1908 Asbury Ave.Evanston,Ill. St., ____ Ward U.S.Veterans' Hospt. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 21 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

I.R.WAGNER, M.D.

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 [redacted] Amanda Chenault

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

7. AGE Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
37	10	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ice cream & Candy maker

(b) General nature of industry, business or establishment in which employed (or employer) Not employed at time of death

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10. NAME OF FATHER Bill Adams

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

12. MAIDEN NAME OF MOTHER Lucy Chenault

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

14. Informant Records,U.S.Veterans' Bureau

(Address) Tucson,Arizona

15. Filed 6/11, 1929 Dr. Alvin Kinney Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 9,1929 (Month Day Year) 19____

17. I HEREBY CERTIFY, That I attended deceased from May 20,1929, 19____ to June 9,1929, 19____, that I last saw him alive on June 9,1929, 19____, and that death occurred, on the date stated above, at 9:10 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis,pul.chr.far adv.active

Aneurism,aorta.

Unknown (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Tuberculosis of intestines

Unkonwn (duration) ____ yrs. ____ mos. ____ ds.

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

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Phys.Exam.Lab.Tests

(Signed) E.A. Gatterdam, M.D.

E.A. Gatterdam 19 (Address) June 10,1929

* 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 Evanston Ill

DATE OF BURIAL JUN 11 1929

20. UNDERTAKER Wells Undertaking Co.

ADDRESS Tucson, Arizona