

2713

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - No. 103

1. County Maricopa

District

ORIGINAL CERTIFICATE OF DEATH

County Registrar's - No.

Town or City Phoenix Ariz

No. (If death occurred in a hospital or institution, give its NAME instead of street number)

Local Registrar's - No. 78

2. FULL NAME Roy Kirby

(a) Residence. No. 1000 Broadway St. Phoenix Ward. 1st

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. if of foreign birth? yrs. 5 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single

16. DATE OF DEATH (month, day, and year) 7/4/29

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

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1929 to July 4, 1929 and that I last saw him alive on July 4, 1929 and the death occurred, on the date stated above, at 8 PM The CAUSE OF DEATH* was as follows:

6. DATE OF BIRTH (month, day and year) June 6, 1921 7. AGE 8 Years Months Days 10 LESS than Day hrs. or min.

Heart Block

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Deborah (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (Secondary) Compensation of Stomach (duration) yrs. mos. ds.

9. BIRTHPLACE (city or town) Phoenix (State or country) Ariz

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

10. NAME OF FATHER Wm Kirby

Did an operation precede death? No Date of

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

Was there an autopsy?

12. MAIDEN NAME OF MOTHER Julia Farley

What test confirmed diagnosis? Blood test (Signed) J.W. Ellis M. D. (Address) Phoenix Ariz

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

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.)

14. Informant (Address) W.H. Farley

19. PLACE OF BURIAL, CREMATION OR REMOVAL Phoenix DATE OF BURIAL July 5th 1929

15. Filed Aug 8, 1929 J.N. Stratton Local Registrar.

20. UNDERTAKER Joe P. Rossby ADDRESS Phoenix

Filed _____ 19____ V. S. No. 1 County Registrar.

MARGIN RESERVED FOR BINDING. 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.