

29 19

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Maricopa State Arizona
District or Township Phoenix No. 1215 E. Van Buren

2. FULL NAME Baby Hall
(a) Residence, No. 1215 E. Van Buren St., Ward.
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Single
6. DATE OF BIRTH (month, day and year) July 30, 1929
7. AGE Years Months Days IF LESS than 1 day or min.
8. OCCUPATION OF DECEASED
9. BIRTHPLACE (city or town) Phoenix (State or country) Arizona
10. NAME OF FATHER W. H. Hall
11. BIRTHPLACE OF FATHER (State or country) Kansas (city or town)
12. MAIDEN NAME OF MOTHER Ethel Stull
13. BIRTHPLACE OF MOTHER (State or country) Colorado
14. Informant W. H. Hall (Address) 1215 E. Van Buren
15. Filed Aug 5, 1929 Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH July 30, 1929
17. I HEREBY CERTIFY, That I attended deceased from July 28, 1929 to July 30, 1929 that I last saw h. alive on July 29, 1929 and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH\* was as follows: Still Birth
CONTRIBUTORY (Secondary)
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? (Signed) J. D. James, M. D. 19 (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 July 31, 29
20. UNDERTAKER Grimshaw-Acton ADDRESS

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.