

8065

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

1. PLACE OF DEATH: County Maricopa State Ariz District or Township Coolidge or Village Coolidge City Coolidge No. 1067 State File No. 435 Registered No. 1067

2. FULL NAME: John Holl (a) Residence, No. Coolidge Ariz Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 1 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single
5a. If married, widowed, or divorced: HUSBAND of
6. DATE OF BIRTH (month, day and year): July 20, 1929
7. AGE: 1 yrs. 1 mos. 1 day
8. OCCUPATION OF DECEASED: None
9. BIRTHPLACE (city or town) (State or country): Coolidge Ariz
10. NAME OF FATHER: Henry C Holl
11. BIRTHPLACE OF FATHER (city or town) (State or country): Lawrence Kansas
12. MAIDEN NAME OF MOTHER: Norma L McConnell
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Kansas

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: July 22 1929
17. I HEREBY CERTIFY. That I attended deceased from July 21, 1929 to July 22, 1929 that I last saw him alive on July 21, 1929 and that death occurred, on the date stated above, at 3 A m. The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage
CONTRIBUTORY (Secondary)
18. Where was disease contracted: At place of death
Did an operation precede death? No Date of:
Was there an autopsy? No
What test confirmed diagnosis? Physician's finding
(Signed) H. B. Lehmanberg, M. D.
* 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)
15. Filed July 24, 1929 Freewood
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Freewood
20. UNDERTAKER: Freewood
DATE OF BURIAL: 7/22/29
ADDRESS: Freewood

MADE UP BY THE BUREAU OF VITAL STATISTICS, ARIZONA STATE BOARD OF HEALTH. 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.