271

SEE DUPLICATE IF NECESSARY

IA STATE BOARD OF HEALTH — **STANDARD CERTIFICATE OF DEATH**

State File No. 1531

State Arizona — Local Registrar's No. 15

or Village Wickenburg — or

No. Wickenburg Hospital St., Center Ward

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

2. FULL NAME Philip Grozdanic

(a) Residence, No. Shack in Wickenburg 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. 18 mos. ds. How long in U. S. if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White Slav

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Single

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

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

7. AGE: Years 41 | Months | Days | IF LESS than 1 day ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foundry Worker

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

(c) Name of employer Vindergrift Smelter

9. BIRTHPLACE (city or town) Skradin

(State or country) Dalmatia

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER " " (city or town)

(State or country) Dalmatia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER Jugo Slavy (city or town)

(State or country) Jugo Slavonia

14. Informant George Sushnara

(Address) Wickenburg

15. Filed 8/2, 1929 J. A. Copeland Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. (Month) 2 (Day) 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1928 to ~~July~~ 8/2, 1929, that I last saw him alive on 8/2, 1929, and that death occurred, on the date stated above, at 6:30 p.m. The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Siderosis & Bright's

(duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? Vindergrift Foundry Fume

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Cremed

(Signed) J. A. Copeland, M. D.

(Address) Wickenburg

* 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: Wickenburg — DATE OF BURIAL: 8/3/29

20. UNDERTAKER: Wickenburg Funeral home — ADDRESS: Wickenburg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information sh fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, a be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certif