E411

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 288

Local Registrar's No. 1194

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township _____ or Village _____

City Phoenix No. Valley Heights St., _____ Ward

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

2. FULL NAME Arthur C. Petreault

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	White	Single

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

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

7. AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
35				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Saleman

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

(c) Name of employer

9. BIRTHPLACE (city or town) Augusta, Maine (State or country)

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Elisabeth

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

14. Informant Mrs. Norma Schl

(Address) Valley Heights, San.

15. Filed 9/4/29, 19 [signature] Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH August 31 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1929 to August 31, 1929 that I last saw her alive on August 24, 1929 and that death occurred, on the date stated above, at 6 P m. The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

_____ (duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) John T. Ramsey M.D.

Sept 2 1929 (Address) Route 5 Phoenix

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	DATE OF BURIAL
Augusta, Maine	9/8/29
20. UNDERTAKER	ADDRESS
A. L. MOORE & SONS	

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.