

9397

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.

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

1. PLACE OF DEATH
 Co. Maricopa State Arizona State File No. 249
 Dis. Phoenix or Village _____ Local Registrar's No. 1395
 City Phoenix No. 1131-Diamond St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME James A. Businbark
 (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 | | | | | MEDICAL CERTIFICATE OF DEATH | | |
|---|-------------------------------|---|------|--------------------|--|------|--------------------------|
| 3. SEX <u>M</u> | 4. COLOR or RACE <u>Wh</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>single</u> | | | 16. DATE OF DEATH <u>10-28-1979</u> Month Day Year | | |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | | | 17. I HEREBY CERTIFY, That I attended deceased from <u>Oct 17, 1929</u> to <u>Oct 28, 1929</u> that I last saw him alive on <u>Oct 28-29</u> and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Acute Myocarditis</u> | | |
| 6. DATE OF BIRTH (month, day and year) | | | | | CONTRIBUTORY (Secondary) <u>4</u> ds. <u>6</u> ds. | | |
| 7. AGE | Years | Months | Days | IF LESS than 1 day | hrs. | min. | (duration) yrs. mos. ds. |
| <u>8</u> | | | | | | | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer | | | | | 18. Where was disease contracted if not at place of death? Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>Yes</u> What test confirmed diagnosis? <u>Clinical Autopsy</u> (Signed) <u>A. Jordan</u> M. D. <u>10/31</u> 19 <u>79</u> (Address) <u>Phoenix</u> | | |
| 9. BIRTHPLACE (city or town) (State or country) <u>Arizona</u> | | | | | * 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.) | | |
| 10. NAME OF FATHER <u>J. A. Businbark</u> | | | | | 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn</u> | | |
| 11. BIRTHPLACE OF FATHER (State or country) <u>Texas</u> | | | | | DATE OF BURIAL <u>10/29/79</u> | | |
| 12. MAIDEN NAME OF MOTHER <u>Miss Amey</u> | | | | | 20. UNDERTAKER <u>M. Reynolds</u> | | |
| 13. BIRTHPLACE OF MOTHER (State or country) <u>Texas</u> | | | | | ADDRESS <u>10/28</u> | | |
| 14. Informant <u>Family</u> (Address) _____ | | | | | | | |
| 15. Filed <u>10-31-79</u> <u>J. W. Woodman</u> Registrar. | | | | | | | |