9932

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 267
County Registrar's - No.
Local Registrar's - No. 1489

PLACE OF DEATH

County Maricopa
District
Town or City Phoenix
No. Good Samaritan Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

FULL NAME Aver Gladys Chennault

(a) Residence. No. Scottsdale, Arizona Box St., 333 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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)
Female	White	Married

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

6. DATE OF BIRTH (month, day and year) March 29, 1900

7. AGE Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
29	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Texas
(State or country)

PARENTS

10. NAME OF FATHER R. L. Wright
11. BIRTHPLACE OF FATHER Missouri (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Hattie Chandler
13. BIRTHPLACE OF MOTHER Va. (city or town)
(State or country)

14. Informant (Address) John L. Chennault Scottsdale, Box 333

15. Filed ..., 19 [signature] Local Registrar.
Filed 11-23-29, 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 11/22 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1929 to Nov 21, 1929
that I last saw her alive on Nov 20th, 1929
and that death occurred, on the date stated above, at 12:15A m.
The CAUSE OF DEATH* was as follows:
Acute Peritonitis
General following
Gangrenous ruptured Appendix
(duration) ... yrs. ... mos. 8 ds.
CONTRIBUTORY (Secondary) Acute Appendicitis
(duration) ... yrs. ... mos. 11 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Nov 14-1929
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) R. J. Strong, M. D.
11/23 1929 (Address) Temple

* 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 San Angelo, Texas
DATE OF BURIAL Nov. 23, 1929
20. UNDERTAKER A. L. MOORE & SONS
ADDRESS PHOENIX

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.
MARGIN RESERVED FOR BINDING