9987

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 310

Registered No.

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township Seventh or Village or St., Ward

City Phoenix, Ariz. No. Arizona State Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Thomas Dodge

(a) Residence, No. Pima, Ariz St., Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 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	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nora McKay Dodge

6. DATE OF BIRTH (month, day and year) Aug. 13, 1865

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
64	3	17	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Seth Simon Dodge

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

12. MAIDEN NAME OF MOTHER Maria Jane Davidson

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

14. Informant State Hosp. Records (Address) Phoenix

15. Filed Nov. 30, 1929 Marion Swenson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH November 30, 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1929 to Nov. 30, 1929, that I last saw him alive on Nov. 30, 1929, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Senile Ephaustion

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

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

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) T. J. Carlin, M. D. (Address) Phoenix

Nov. 30, 1929

* 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 Pima, Ariz.

DATE OF BURIAL Dec. 2, 1929

20. UNDERTAKER W. M. Mauss

ADDRESS 830 N. 1st Ave.

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.