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STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

State File No. 330

Local Registrar's No. 1696

1. PLACE OF DEATH

County Maricopa State Arizona

District or Township ..... or Village ..... or

City Phoenix No. Indian School St., ... Ward

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

2. FULL NAME Ralph Nicholas Pace

(a) Residence, No. Indian School 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 12 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) June 28, 19[illegible]

7. AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	18			

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

9. BIRTHPLACE (city or town) (State or country) Boise, Idaho

PARENTS

10. NAME OF FATHER Joseph L. Pace

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

12. MAIDEN NAME OF MOTHER Maggie Davenport

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

14. Informant Joseph L. Pace
(Address)

15. Filed 1/6, 30. J. W. Woodman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 29, 1929 19..
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1929 to Dec 29, 1929, that I last saw him alive on Dec 29, 1929 and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 13 yrs. ..... mos. ..... ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Dec 30 1929 (Address) 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 Greenwood

DATE OF BURIAL Dec. 31, 1930

20. UNDERTAKER A. L. MOORE & SONS

ADDRESS

N. B.—RESERVED FOR DRAWING THIS IS A PERMANENT RECORD. Every item of information should be fully supplied. AGE, BIRTHPLACE (LY. 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.

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