

MARGIN RESERVED FOR BINDING. 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.

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

1. PLACE OF DEATH
County Maricopa State Arizona
District or Township or Village
City Phoenix No. Base line road St. Ward

State File No. 161
Local Registrar's No. 1679

2. FULL NAME Earnest Troy Smith
(a) Residence, No. Base Line rd. St. Ward.
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 Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married

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

6. DATE OF BIRTH (month, day and year) July 6, 1922

7. AGE Years 48 Months 6 Days 5

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) Phoenix, Arizona (State or country)

10. NAME OF FATHER George J. Smith

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

12. MAIDEN NAME OF MOTHER Edna A. Teel

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

14. Informant Laura Smith (Address) Base Line rd.

15. Filled 1/3, 1930 J.W. Woodman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 2, 1930
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 12-30, 1929 to 1-1-1930 that I last saw him alive on 12-30-1929 and that death occurred, on the date stated above, at 2 AM

The CAUSE OF DEATH was as follows:
Cerebral haemorrhage (Arterio Sclerosis)

(duration) yrs. mos. 2 ds.

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

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

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? (Signed) P. A. ... M. D. 1-2-30-19 (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 Jan 4, 1930

20. UNDERTAKER A. L. MOORE & SONS ADDRESS