

230

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH (Approved by U. S. Census and American Public Health Association)

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

1. PLACE OF DEATH  
 County Marcopa State Ariz. State File No. 213  
 District or Township Mesa or Village \_\_\_\_\_ Registered No. 135  
 City Mesa No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William E. Wilkes  
 (If death occurred in a hospital or institution, give its NAME instead of street and number),  
 (a) Residence No. Mesa Wilkes South East Mesa  
 (Usual place of abode)  
 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 M 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed  
 (Write the word)

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Jan 25 - 1894

7. AGE Years 86 Months 4 Days 14 IF LESS than 1 day hrs. or min.

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) Retired  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Benj M Wilkes

11. BIRTHPLACE OF FATHER (State or country) (city or town) Not known

12. MAIDEN NAME OF MOTHER Not known

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

14. Informant M. A. Wilkes  
 (Address) Mesa Ariz

15. Filed 6-17-1930 by Dr. F. W. Brown Registrar  
Mesa

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 9 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-6-1930 to 6-9-1930, that I last saw him alive on 6-6-1930 and that death occurred, on the date stated above, at 9:30 a.m. The CAUSE OF DEATH was as follows:  
General arteriosclerosis (Cardiovascular renal disease)  
 (duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ 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? no  
 What test confirmed diagnosis? Physician's finding  
 (Signed) G. S. Johnson M. D.  
June 10 1930 (Address) Mesa Ariz

\* 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 Mesa Cem DATE OF BURIAL June 10 - 30

20. UNDERTAKER M. L. Gibbons ADDRESS Mesa Ariz

State causes for which certificate, "GENERAL peritonitis," etc. State causes for which surgical operation was undertaken. For VIOLENT DEATHS MEANS OF INJURY and quality as ACCIDENTAL, HOMICIDAL, or SUICIDAL, or as probably such. If impossible, state "Accidental." Examples: Accidental wound of head; Revolver wound of chest.