

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. 415 East Polk St. St. Ward

State File No. 339
Local Registrar's No. 2593

2. FULL NAME Infant Son of Mr. & Mrs W. A. Rosser
(a) Residence, No. 415 East Polk St., 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.
6. DATE OF BIRTH June 23, 1930
7. AGE 0 Years 0 Months 0 Days
8. OCCUPATION OF DECEASED None
9. BIRTHPLACE Phoenix Ariz.
10. NAME OF FATHER W. A. Rosser
11. BIRTHPLACE OF FATHER Philadelphia Pa.
12. MAIDEN NAME OF MOTHER Cora Brewer
13. BIRTHPLACE OF MOTHER Arizona

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH June 23d 1930
17. HEREBY CERTIFY, That I attended deceased from June 23, 1930 to June 23, 1930
18. Where was disease contracted if not at place of death?
19. PLACE OF BURIAL, CREMATION or other disposal of body
20. UNDERTAKER

14. Informant W. A. Rosser, Phoenix Ariz.
15. Filed June 23, 1930 J. H. Hoodum Registrar.
19. PLACE OF BURIAL, CREMATION or other disposal of body
20. UNDERTAKER Clinton Tucker

REGISTRARS SHOULD STATE CAUSE OF DEATH IN FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.