

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.

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

1. PLACE OF DEATH
 County Maricopa State Ariz.
 District or Township Phoenix or Village _____
 City Phoenix No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).
 2. FULL NAME Ray W. King
 (a) Residence No. Litchfield 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 3 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 Married
 (Write the word)
 5a. If married, widowed, or divorced HUSBAND of Novell King (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) Oct 2 1902
 7. AGE Years 27 Months 8 Days 17 IF LESS than 1 day _____ hrs. _____ min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of Industry, business or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (city or town) Clareville (State or country) Texas
 10. NAME OF FATHER G W Norton (city or town) _____ (State or country) _____
 11. BIRTHPLACE OF FATHER Texas (city or town) _____ (State or country) _____
 12. MAIDEN NAME OF MOTHER Maggie Hspell (city or town) _____ (State or country) _____
 13. BIRTHPLACE OF MOTHER Texas (city or town) _____ (State or country) _____
 14. Informant Maggie Norton (Address) Phoenix Ariz
 15. Filed July 11 1930 M. Woodman Registrar.

MEDICAL CERTIFICATE OF DEATH
 16. DATE OF DEATH (month, day, and year) July 1 1930
 17. I HEREBY CERTIFY, That I attended deceased from June 23 1930 to July 1 1930 that I first saw her alive on July 1 1930 and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH* was as follows:
embolism into medulla
 (duration) 30 minutes yrs. _____ mos. _____ ds. _____
 CONTRIBUTORY acute appendicitis (Secondary) (duration) _____ yrs. _____ mos. 7 ds. _____
 18. Where was disease contracted If not at place of death? _____
 Did an operation precede death? yes Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? Clinical signs & symptoms
 (Signed) Lucas E. ... (Address) 19 ...
 * 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 7-2-1930
 20. UNDERTAKER M L Gibbons ADDRESS Mesa Ariz