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

1. PLACE OF DEATH
County: Maricopa State: Arizona
District or Township: Phoenix No. Sunny Rest Sanatorium
(a) Residence, No. Paducah, Texas
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: Single
6. DATE OF BIRTH: June 28, 1904
7. AGE: 27
8. OCCUPATION OF DECEASED: Salesman
9. BIRTHPLACE: Seymore, Texas
10. NAME OF FATHER: J. M. Ellis
11. BIRTHPLACE OF FATHER: Alabama
12. MAIDEN NAME OF MOTHER: Shelton
13. BIRTHPLACE OF MOTHER: Alabama
14. Informant: Thomas Ellis, Paducah, Texas
15. Filed: July 7, 1930

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: July 4, 1930
I HEREBY CERTIFY, That I attended deceased from 10:10, 1930 to 6:30, 1930, that I last saw him alive on 6:30, 1930, and that death occurred, on the date stated above, at 2 A.M. m. The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
CONTRIBUTORY (Secondary)
18. Where was disease contracted if not at place of death? Texas
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Phys. Exam, H&A
(Signed) Howell Handberg, M.D.
* State the Disease Causing Death, or its cause 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: Paducah, Texas DATE OF BURIAL: July 5 1930
20. UNDERTAKER: A. L. Moore & Sons ADDRESS: Phoenix, Ariz

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.