

046

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
City: Phoenix

2. FULL NAME: Gardner McBride
(a) Residence, No.: Lower Buckeye & 19th. Ave. St.
Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR or RACE: white
5. SINGLE, MARRIED, WIDOWED or DIVORCED: [Handwritten mark]
6. DATE OF BIRTH: Sept. 29, 1922
7. AGE: 1 year, 4 months, 9 days
8. OCCUPATION OF DECEASED
9. BIRTHPLACE: Phoenix
10. NAME OF FATHER: R. M. McBride
11. BIRTHPLACE OF FATHER: Ky.
12. MAIDEN NAME OF MOTHER: Ida Wolford
13. BIRTHPLACE OF MOTHER: New Mexico

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: 7/8/30
17. I HEREBY CERTIFY, That I attended deceased from 7/8/30 to 7/8/30 that I last saw him alive on 7-8-30
The CAUSE OF DEATH* was as follows:
Capillary Bronchitis following measles.
CONTRIBUTORY (Secondary)
18. Where was disease contracted if not at place of death?
Did an operation precede death?
Was there an autopsy?
What test confirmed diagnosis?
(Signed) W. C. Hackett, M. D.
7-10-30 (Address) 216 E. Wash

MARGIN RESERVED FOR BINDING
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.

14. Informant (Address)
15. Filed July 11, 1930 W. Woodman Registrar. Ca.

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood
DATE OF BURIAL: 7/2/30
20. UNDERTAKER: H. McEllan
ADDRESS: