

1371

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

1. PLACE OF DEATH
County Maricopa State
District or Township Phoenix or Village
City No. St. Ward
2. FULL NAME Emil Cameron
(a) Residence, No. (Usual place of abode) 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 (month, day and year) July 25
7. AGE Years 14 Months 1 Days
8. OCCUPATION OF DECEASED School Boy
9. BIRTHPLACE (city or town) (State or country) Ariz
10. NAME OF FATHER E. L. Cameron
11. BIRTHPLACE OF FATHER Idaho (city or town)
12. MAIDEN NAME OF MOTHER Emma M. Quinn
13. BIRTHPLACE OF MOTHER Kentucky (city or town)

PARENTS

14. Informant E. L. Cameron (Address) Mesa
15. File Aug 22 1930 J. W. Woodman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 18, 1930
17. I HEREBY CERTIFY, That I attended deceased from
that I last saw him alive on Aug 18, 1930
and that death occurred, on the date stated above, at 7:00 m.
The CAUSE OF DEATH* was as follows:

Streptococci meningitis
Contributory Sinusitis?
18. Where was disease contracted if not at place of death? Mesa
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Pathological
(Signed) J. M. Quinn, M.D.
Aug 25 1930 (Address) Mesa

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cemetery
DATE OF BURIAL Aug 20-30
20. UNDERTAKER Jess M. Mullum
ADDRESS Mesa

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.