

2331

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.

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

1. PLACE OF DEATH
County Marcopa State Arizona State File No. 199
District or Township _____ or Village _____ Local Registrar's No. 199
City Mesa No. _____ or _____ Ward _____

2. FULL NAME Frank Casper Openshaw
(If death occurred in a hospital or institution, give its NAME instead of street and number).
(a) Residence, No. North East of Mesa 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 19 yrs. 19 mos. 19 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
(Write the word)

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Sept 26, 1911

7. AGE Years 19 Months _____ Days 19 IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Working in Sta
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Mesa, Ariz
(State or country)

10. NAME OF FATHER W. J. Openshaw

11. BIRTHPLACE OF FATHER Springdale, Utah
(State or country) (city or town)

12. MAIDEN NAME OF MOTHER Eliza Magally

13. BIRTHPLACE OF MOTHER Utah
(State or country) (city or town)

14. Informant W. J. Openshaw
(Address) Mesa, Ariz

15. Filed 10-23, 1930 Dr. F. W. Brown Registrar. Mesa

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 15 1930
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1930 to Oct 15, 1930 that I last saw him alive on Oct 15, 1930 and that death occurred, on the date stated above, at 6:30 p. m. The CAUSE OF DEATH was as follows:

Septic thrombotic Abscess into Right Plural cavity and opening of Abscess
(duration) _____ yrs. _____ mos.

CONTRIBUTORY Autoindigestion and fever chills
(Secondary) Abscess pleura
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____
What test confirmed diagnosis? _____ (Signed) W. J. Openshaw M. D. Oct 27, 1930 (Address) Mesa Ariz

* 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 cemetery DATE OF BURIAL 10-19-30

UNDERTAKER Mellum Mortuary ADDRESS Mesa, Ariz
Mesa Mesa, Ariz