

2776

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 150

1. PLACE OF DEATH
County: Maricopa State: Arizona Local Registrar's No. 3100
District or Precinct: Phoenix or Village: Phoenix City: Phoenix No. 3610 N - 3 - ave St. Ward
2. FULL NAME: Walter J. Kobayashi
(a) Residence, No.: Phoenix St.: Phoenix Ward: Phoenix
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: M. 4. COLOR or RACE: White 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single
5a. If married, widowed, or divorced: HUSBAND of W. Kobayashi (or) WIFE of W. Kobayashi
6. DATE OF BIRTH (month, day and year): 11-10-30
7. AGE: 5 Years, 11 Months, 10 Days
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work: Barber (b) General nature of industry, business or establishment in which employed (or employer): (c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Phoenix, Arizona
10. NAME OF FATHER: Walter Kobayashi
11. BIRTHPLACE OF FATHER: (city or town) (State or country): Phoenix, Arizona
12. MAIDEN NAME OF MOTHER: (city or town) (State or country): Phoenix, Arizona
13. BIRTHPLACE OF MOTHER: (city or town) (State or country): Phoenix, Arizona
14. Informant: Father (Address): Phoenix
15. Filed: 11-10-30 Registrar: J. W. Bodin

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: 11-10-30
17. I HEREBY CERTIFY, That I attended deceased from 11-10-30 to 11-10-30, 1930
that I last saw h... alive on 11-10-30
and that death occurred, on the date stated above, at Phoenix
The CAUSE OF DEATH* was as follows: Gun shot wounds inflicted by his mother.
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) Det. J. M. Kee, Coroner, Nov. 10, 1930 (Address) Phoenix, 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: Phoenix
DATE OF BURIAL: 11/11/30
ADDRESS: Phoenix
UNDERTAKER: Phoenix