4490

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

State File No. 124

Registered No. 154

1. PLACE OF DEATH State ARIZONA

County MARICOPA or Village ..... or

Township ..... No. ..... St., ... Ward

City PHOENIX (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Rufus Hill Mc Cartney

(a) Residence: No. 624 So 7th Ave St., ... Ward. (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) Widower

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

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

7. AGE Years 59 Months Days

If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. La borer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yorktown Texas

FATHER

13. NAME Joseph Franklin Mc Cartney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Taylor

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT (Address) R H McCartney Jr

18. BURIAL, CREMATION, OR REMOVAL Place Dorsey Town Date 2/4 1931

19. UNDERTAKER (Address) Norkney Mortuary

20. Filed 2-6, 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 1st 31, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931, to Feb 2 1, 1931

I last saw him alive on Feb 2 1, 1931; death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Angina Pectoris	Jan. 31-31

Other contributory causes of importance:

Chronic Parenchymatous Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel Grienstein, M. D.

(Address) 1st National Bank of Arizona Bldg