2857

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 300

Registered No. 302

1. PLACE OF DEATH

County Maricopa State

District or Township Chandler, Arizona or Village

City No. St., Ward

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

2. FULL NAME Elroy Brooks

(a) Residence, No. 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 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 (Write the word): Single

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

6. DATE OF BIRTH (month, day and year) Feb. 5, 1927

7. AGE: Years 4 | Months | Days | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blevens

(State or country) Arkansas

PARENTS

10. NAME OF FATHER Grandon Brooks

11. BIRTHPLACE OF FATHER Blevens (city or town)

(State or country) Ark.

12. MAIDEN NAME OF MOTHER Grace Zumwault

13. BIRTHPLACE OF MOTHER Blevens (city or town)

(State or country) Ark.

14. Informant Grandon Brooks

(Address) Chandler, Arizona

15. Filed 5-10, 1931 [signature] Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 28, 1931 (Month, Day, Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1931 to Apr. 28, 1931 that I last saw him alive on Apr. 28, 1931 and that death occurred, on the date stated above, at 10:30A

The CAUSE OF DEATH* was as follows:

Kidney's Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

4-28 1931 (Address) Chandler

* 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: Blevens, Arkansas

DATE OF BURIAL

20. UNDERTAKER: Hockrey Mortuary

ADDRESS: Phoenix

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.

MARGIN RESERVED FOR BINDING