

4052

MARGIN RESERVED FOR BINDING
N.B.—WRITE PENNLY, 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: Yavapai State: Arizona
 Township: _____ or Village: _____
 City: Prescott No. 221 South Cortez St. _____ Ward _____
 (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: Harry William Heap
 (a) Residence: No. 221 South Cortez St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word): Married
 5a. If married, widowed, or divorced
 HUSBAND of Helen Wells Heap
 (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year): 8/6/76
 7. AGE: Years 54 Months 10 Days 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry Owner
 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: _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): 6/21, 1931
 22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to 6/21 1931
 I last saw him alive on 6/21 1931 death is said to have occurred on the date stated above, at 107 in.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of Onset 6/21/31
 Other contributory causes of importance: Coronary Thrombosis 6-mo
 Name of operation: None Date of _____
 What test confirmed diagnosis: Autopsy 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 _____ M. D.
 (Address) 221 South Cortez Prescott Arizona

12. BIRTHPLACE (city or town) San Bernardino
 (State or country) California
 13. NAME Joseph Heap
 14. BIRTHPLACE (city or town) England
 (State or country) _____
 15. MAIDEN NAME Mary Scheiff
 16. BIRTHPLACE (city or town) Holland
 (State or country) _____
 17. INFORMANT: Mrs. H. W. Heap
 (Address) Prescott, Arizona
 18. BURIAL, CREMATION, OR REMOVAL
 Place: Mountain View Maus. 6/27, 1931
 19. UNDERTAKER: Arthur Puffer
 (Address) Prescott, Arizona
 20. Filed: 6/29/31 by Harry J. Southworth Registrar.
 (Address) _____