4294

MARGIN RESERVED FOR BINDING

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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 184 837

1. PLACE OF DEATH

County Maricopa State Arizona Registered No. 1

Township ..... or Village ..... or

City Phoenix No. County Poor Farm 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 20 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dick A. Hault

(a) Residence: No. County Poor Farm 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): Single

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

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

7. AGE: Years 66 | 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. Cook

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) Unknown (State or country)

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place County Date July 14, 19 31

19. UNDERTAKER A. L. Moore & Sons (Address)

20. Filed 7-18, 19 31 O. O. Kaney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 14, 19 31

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to July 14, 1931

I last saw him alive on July 14, 1931, death is said to have occurred on the date stated above, at 3:30P m.

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

Septicemia, Lobe

Date of Onset

Other **contributory causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None 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) H. V. Buskirk, M. D.

(Address) 407 Luhrs Bldg