

4297

MARGIN RESERVED FOR BINDING
N.B.—WRITE MAINLY, 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 <u>Maricopa</u>		State <u>Arizona</u>		State File No. <u>11786</u>	
Township <u>Phoenix</u>		City <u>Phoenix</u>		No. <u>St. Joseph's Hospital</u>		Registered No. <u>912</u>	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>6</u> mos. <u></u> ds.				How long in U. S. if of foreign birth? <u></u> yrs. <u></u> mos. <u></u> ds.			
2. FULL NAME <u>Tiny Lou Vanderpoll</u>							
(a) Residence: No. <u>Rittenhouse, Ariz.</u>				St. <u></u> Ward. <u></u>		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>7/15</u> 19 <u>31</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>				HEREBY CERTIFY That I attended deceased from <u>July 13th</u> 19 <u>31</u> to <u>July 15th</u> 19 <u>31</u> I last saw <u>her</u> alive on <u>July 15th</u> 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>8 a. m.</u>			
6. DATE OF BIRTH (month, day, and year) <u>Oct. 16, 1925</u>				The principal cause of death and related causes of importance were as follows: <u>Septic Peritonitis</u> Date of Onset <u>7-12-31</u>			
7. AGE <u>6</u> Years		Months <u></u> Days <u></u>		If LESS than 1 day, hrs. <u></u> or min. <u></u>		Other contributory causes of importance: <u>Ruptured Sanguinous Appendicitis</u> Date of Onset <u>7-11-31</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				Name of operation <u>Appendectomy</u> Date of <u>7-14-31</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>				What test confirmed diagnosis? <u>Blood</u> Was there an autopsy? <u>no</u>			
10. Date deceased last worked at this occupation (month and year) <u></u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> 19 <u></u> Where did injury occur? <u></u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.			
11. Total time (years, months, and days) spent in this occupation <u></u>				Manner of injury <u></u> Nature of injury <u></u>			
12. BIRTHPLACE (city or town) (State or country) <u>Okla.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
13. NAME <u>Frank Vanderpoll</u>				If so, specify (Signed) <u>E. J. Palmer</u> M. D. (Address) <u>Phoenix, Arizona</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Okla.</u>							
15. MAIDEN NAME <u>Ella Potter</u>							
16. BIRTHPLACE (city or town) (State or country) <u>Okla.</u>							
17. INFORMANT <u>Arthur Vanderpoll</u> (Address) <u>Rittenhouse, Ariz.</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Forest Lawn Cem.</u> Date <u>7/16</u> 19 <u>31</u>							
19. UNDERTAKER <u>J. T. Whitney</u> (Address) <u>Phoenix Ariz.</u>							
20. Filed <u>7-25</u> 19 <u>31</u> <u>R. B. Raney</u> Registrar.							