9426

MARGIN RESERVED FOR BINDING

N. B.—WRITE PERMANENTLY, 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. 3054

1. PLACE OF DEATH
County Maricopa State Ariz. Registered No. 90
Township Mesa or Village ..... or
City Mesa No. ..... 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 George Sueton Irwin
(a) Residence: No. 147 E. First 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): widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Apr. 4 - 1852
6. DATE OF BIRTH (month, day, and year): [illegible]
7. AGE: Years 78 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.: Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): 1920
11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Cook Co Ill.

FATHER
13. NAME: Jacob Irwin
14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER
15. MAIDEN NAME: Henriette Fairchild
16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Henriette Irwin
(Address) 147 E. First St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mesa Cem. Date Aug 2, 1931

19. UNDERTAKER: M. L. Gibbons
(Address) Mesa, Ariz.

20. Filed Aug. 5, 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): July 29 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 29, 1931
I last saw him alive on July 29, 1931; death is said to have occurred on the date stated above, at 7.20 P.M.

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

	Date of Onset
Encephalitis	July 24

Other contributory causes of importance:
Symptoms of brain with loss of memory and motor aphasia followed a probable cerebral hemorrhage 1 10 yrs ago.

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? .....

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) J. P. Potter, M. D.
(Address) Mesa, Ariz.