2237

MARGIN RESERVED FOR BINDING

N. B.—WRITE FOR INLY, 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. 87 1076

1. PLACE OF DEATH
County Maricopa State Arizona Registered No. ...
Township ... or Village ... or
City Phoenix No. 3330 N 3rd 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 38 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Whitsel Sample Stewart
(a) Residence: No. ... 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) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B. Stewart
6. DATE OF BIRTH (month, day, and year) Dec 26-1872
7. AGE Years 58 Months 8 Days 5 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. ✓
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) (State or country) Pennsylvania

FATHER
13. NAME Thomas Stewart
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Elizabeth Colman
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Wife (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Memorial Park Date 9/4, 1931
19. UNDERTAKER H. M. Maus (Address) 830 N 1st Ave
20. Filed 9-17, 1931 R. B. Raney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 1 - , 1931
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at 3:15 A.m.
The **principal cause of death** and related causes of importance were as follows:

	Date of Onset
Apoplexy	

Other **contributory causes** of importance: General debility with heart affection

Name of operation none Date of ...
What test confirmed diagnosis Clinical 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? ...
If so, specify ... (Signed) [signature], M. D.
(Address) ...