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MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible] INLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be [illegible]ted 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. 149

Registered No. 1363

1. PLACE OF DEATH

County Maricopa State Arizona

Township ____ or Village ____ or

City Phoenix No. 922 E. Monroe 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 James Peters Rhodes

(a) Residence: No. 922 E. Monroe 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

6. DATE OF BIRTH (month, day, and year) April 3, 1842

7. AGE: Years 89, Months 8, Days 4, If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Gloversville, New York

FATHER

13. NAME Chas. ~~XXXXX~~ Rhodes

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Betsy Ann Peters

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Nell Bickel McCoy

(Address) 11010½ E. Willetta

18. BURIAL, CREMATION, OR REMOVAL

Place Double Butte Date Dec 9, 1931

19. UNDERTAKER A. L. Moore & Sons

(Address)

20. Filed 12-11, 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931, to Dec 7, 1931

I last saw him alive on December 7, 1931, death is said to have occurred on the date stated above, at 11:52 a.m

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

	Date of Onset
Bronchial Pneumonia	

Other contributory causes of importance:

Senility

Name of operation NA Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? NA

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NA 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) Phoenix Ariz

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