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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
State File No. 216
Registered No. 55

1. PLACE OF DEATH
County MARICOPA State ARIZONA
Township _____ or Village _____
City MESA
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME HARLOW KENT POMEROY
(a) Residence: No. EAST 4th AVE. MESA ARIZ. 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) SINGLE

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

6. DATE OF BIRTH (month, day, and year) JULY 27, 1907

7. AGE Years 25 Months 8 Days 25 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GARAGE

10. Date deceased last worked at this occupation (month and year) 4/21/32 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) VALPARAISO (State or country) IND.

13. NAME (DECEASED) E. L. POMEROY

14. BIRTHPLACE (city or town) PARIS (State or country) IDAHO

15. MAIDEN NAME S. M. MCGUIRE

16. BIRTHPLACE (city or town) BLAEN (State or country) KY.

17. INFORMANT (MOTHER) MRS. S. M. POMEROY (Address) MESA ARIZONA

18. BURIAL, CREMATION, OR REMOVAL Place MESA ARIZONA Date APRIL 24/32

19. UNDERTAKER MELDRUM MORTUARY (Address) MESA ARIZONA

20. Filed April 29 1932 J. W. Meldrum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) APRIL 22, 1932

22. I HEREBY CERTIFY, That _____ deceased from _____
I last saw _____ alive on _____; death is said

to have occurred on the date stated above, at About 2 A.M.

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

Other contributory causes of importance:
Occupied an unfinished garage, was found dead holding electric wires

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? accident Date of injury April 1932

Where did injury occur? _____ (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. industry

Manner of injury Electric burns shown

Nature of injury many of them

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify C. A. Donaldson M. D.
(Signed) _____ (Address) _____