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MARGIN RESERVED FOR BINDING  
B.—WRITE PLAINLY, 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 Maricopa State Arizona Registered No. 199  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Phoenix No. Good Samaritan Hospital 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: 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME GEORGE HANKSON UTTERBACK, C-1 390 097  
 (a) Residence: No. 24 East Indianola, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>June 28, 1932</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Esther Utterback</u> , (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 31st, 1932, to June 28th, 1932</u> I last saw him alive on <u>June 28th, 1932</u> death is said to have occurred on the date stated above, at <u>11:45 AM</u>	
6. DATE OF BIRTH (month, day, and year) <u>June 1, 1891</u>					The principal cause of death and related causes of importance were as follows:	
7. AGE		Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset
		<u>41</u>	<u>0</u>	<u>27</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>					
	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) <u>1926</u>				11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Vandalia, Mo.</u> (state or country)						
FATHER	13. NAME <u>Everett Utterback</u>					
	14. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)					
MOTHER	15. MAIDEN NAME <u>Elizabeth Ralston</u>					
	16. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)					
17. INFORMANT <u>Esther Utterback</u> , (Address) <u>24 E. Indianola</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood Cemetery</u> Date <u>6-30, 1932</u>						
19. UNDERTAKER <u>Grimshaw-Acton Mortuary</u> , (Address) <u>Phoenix, Ariz.</u>						
20. Filed <u>6-30, 1932</u> <u>[Signature]</u> Registrar						
					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? <u>U. S. Army</u> If so, specify _____ M. D. (Signed) <u>H. J. [Signature]</u> (Address) <u>242 W. Washington</u>	