1623

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]AINLY, WITH UNFADING INK—THIS IS A PERMANEN[illegible] RECORD. Every item of in[illegible]rmation should be carefully supplied. AGE should be [illegible]ated 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. 248

1. PLACE OF DEATH

County Pima State Arizona Registered No. 572

Township ..... or Village ..... or

City Tucson No. Comstock 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 ..... yrs. 1 mos. 19 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin E. Pier

(a) Residence: No. Comstock Hospital 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) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mae Pier

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

7. AGE About 46 Years 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. Truck driver

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) Clark County West Virginia

FATHER

13. NAME Perry Washington Pier

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary E. Griffith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Comstock Hospital Tucson, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Cemetery Date 8--5--, 1932

19. UNDERTAKER (Address) Parker-Grimshaw Und. Co. Tucson, Arizona.

20. Filed 8-11-32, 19 Lewis H. Havard Registrar. VT.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 8/4, 1932

I last saw him alive on 8/3, 1932 & death is said to have occurred on the date stated above, at 6:30 am

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

	Date of Onset
Pulmonary	
Tuberculosis	

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) Tucson, Arizona, M. D.

(Address) .....