

2713

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

1. PLACE OF DEATH
County Maricopa State Arizona State File No. 177
Township Seventh or Village _____ Registered No. _____
City Phoenix No. Arizona State 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 11 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Nathan W. Tasson
(a) Residence: No. Silverhill Ariz 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

6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Unknown

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

7. AGE Years 76 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT State Hospital Records (Address) Phoenix, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place State Hospital 11-16-32

19. UNDERTAKER Phoenix, Arizona (Address) _____

20. Filed 11-16 1932 Geo. M. Lambrough Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1 _____, 1929 to 11-15 _____, 1932

I last saw him alive on 11-15 _____, 1932 death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows: Denial by exhaustion Date of Onset 10-15-32

Other contributory causes of importance: Semility 1923

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera 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 where 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) Geo. M. Lambrough M. D. (Address) Phoenix, Arizona