

7254

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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State Arizona
 Township _____ or Village _____
 City Phoenix No. _____ 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.

State File No. 125
Registered No. 31

2. FULL NAME Paul A. Green
 (a) Residence: No. 1308 E. Madison 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 Colored 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) Aug. 9, 1891
 7. AGE Years 41 Months 6 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 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) Ark.

MOTHER FATHER
 13. NAME Nelson Green

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

15. MAIDEN NAME Aggie Shackelford

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

17. INFORMANT _____ (Address) _____

18. BURIAL, CREMATION, OR REMOVAL
 Place Greenwood Date 2/13/33

19. UNDERTAKER Hockrey Mortuary Ass'n
 (Address) _____

20. Filed 7-25-33 Amellino
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/9/33, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1933 to Feb 8 1933
 I last saw him alive on Feb 7, 1933, death is said to have occurred on the date stated above, at 10:50 P. M.

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

Acute pulmonary tuberculosis Date of Onset Oct 1932

Other contributory causes of importance:
Acute upper respiratory infection Sept 1932

Name of operation Paracentesis Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

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) Frank J. Smith, M. D.

(Address) 152 Madison