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MARGIN RESERVED FOR BINDING

N. 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

State File No. 207

Registered No. 306

1. PLACE OF DEATH

County Maricopa State Arizona

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

City Phoenix No. County Poor Farm St. ..... or 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. 6 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Coleman Mitchell

(a) Residence: No. ..... 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) Single

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

6. DATE OF BIRTH (month, day, and year) 1882

7. AGE 50 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. Laborer

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) Iowa

FATHER

13. NAME S. Mitchell

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

MOTHER

15. MAIDEN NAME K. Lewis

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

17. INFORMANT County Poor Farm Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Date 2-24, 1933

19. UNDERTAKER J. T. Whitney (Address) Phoenix, Arizona

20. Filed 2-24, 1933 L. Martinez Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1933, to 2-21, 1933

I last saw h..... alive on ....., 19..... death is said to have occurred on the date stated above, at 12 A.m.

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

Myocarditis c̄ Decompensation

Date of Onset

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) J. M. Kilgard, M. D.

(Address) 806 Prof Bldg