

9725

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. 312 No. 9th Ave. 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 43 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Cornelius Washington Crouse  
 (a) Residence: No. 312 No. 9th Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>
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5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of Elizbeth Crouse

6. DATE OF BIRTH (month, day, and year) June 25, 1853

7. AGE  
 Years 79 Months 8 Days 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Indiana

13. NAME Unknown

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

15. MAIDEN NAME ''

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

17. INFORMANT R. E. Crouse  
 (Address) Route 8 Box 705

18. BURIAL, CREMATION, OR REMOVAL  
 Place Greenwood Cemetery Date March 9, 1933

19. UNDERTAKER A. L. Moore and Sons  
 (Address) Phoenix, Arizona

20. Filed 3-8-33 J. Mallin  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Last Year 19\_\_\_\_  
Several weeks ago death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis,  
Chronic  
 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) A. H. Larrison, M. D.  
 (Address) 540 N. McKelvey