

9795

MARGIN RESERVED FOR BINDING
N. B.—WRITE FINELY, 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 State File No. 103 Registered No. 402
 Township _____ or Village _____
 City Phoenix No. 39th St. and Thomas Rd. 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 1 yrs. 4 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Franklin Dean Walser
 (a) Residence: No. Route 1 Box 782 St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>March 18</u> , 19 <u>33</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h_____ alive on _____, 19____; death is said to have occurred on the date stated above. at _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>Oct 21, 1931</u>					The principal cause of death and related causes of importance were as follows: <u>Fractured skull received when run over by auto.</u>	
7. AGE		Years <u>1</u>	Months <u>4</u>	Days <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>					Other contributory causes of importance:
	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) <u>Phoenix</u> (state or country) <u>Arizona</u>						
FATHER	13. NAME <u>Henry Walser</u>					
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Mexico</u>					
MOTHER	15. MAIDEN NAME <u>Thelma Owens</u>					
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Arizona</u>					
17. INFORMANT <u>Henry Walser</u> (Address) <u>Route 1 Box 782</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood</u> Date <u>March 20, 33</u>						
19. UNDERTAKER <u>A. L. Moore and Sons</u> (Address) <u>Phoenix, Arizona</u>						
20. Filed <u>3-20</u> , 19 <u>33</u> <u>L. Mallinios</u> Registrar						
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? <u>Accident</u> Date of injury <u>Feb. 18, 1933</u> Where did injury occur? <u>Near Phoenix, Maricopa Co. Ariz.</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u>Neighborhood of home</u> Manner of injury <u>Fractured skull</u> Nature of injury _____						
24. Was disease or injury in any way related to occupation of deceased? _____						
If so, specify _____ (Signed) <u>M. J. Miller</u> , M. D. (Address) <u>Phoenix, Ariz.</u>						