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MARGIN RESERVED FOR BINDING

N. B.—WRITE FULLY, 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 \_\_\_\_\_ Registered No. 507  
 City Phoenix No. St. Joseph's 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 \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ da. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ da.

2. FULL NAME J. H. Weisner  
 (a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident 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>Widower</u>		21. DATE OF DEATH (month, day, and year) <u>4/5/33</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			22. I HEREBY CERTIFY. That I attended deceased from <u>March 14, 1933, to April 5, 1933</u> I last saw him alive on <u>April 5, 1933</u> ; death is said to have occurred on the date stated above. at <u>11:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Bronchopneumonia, acute pyelonephritis, left; benign prostatic hypertrophy with obstruction and multiple diverticula of bladder; uremia</u> Other contributory causes of importance: <u>Arterio sclerosis; pericarditis; chronic diffuse nephritis (arteriosclerotic)</u> Name of operation <u>Suprapubic cystostomy</u> Date of <u>Mar 21, 1933</u> What test confirmed diagnosis? <u>Aut.</u> Was there an autopsy? <u>Yes</u>		
6. DATE OF BIRTH (month, day, and year) <u>Not known</u>			Date of Onset <u>Insidious</u>		
7. AGE Years <u>83</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.			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 _____		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			If so, specify _____		
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) <u>Pa.</u>					
13. NAME <u>Jacob</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>					
15. MAIDEN NAME <u>E. Fulton</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>					
17. INFORMANT (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood</u> Date <u>4/8/33</u>					
19. UNDERTAKER <u>Walter Mortuary Assn</u> (Address) <u>Phy. Bldg. Phoenix</u>					
20. Filed <u>4-14</u> , 19 <u>33</u> Registrar <u>W. J. ...</u>					

(Signed) David M. Davis M. D.  
 (Address) 622 Professional Bldg., Phoenix, Ariz.

5M 9-17-32 MS-47048      Back of Certificate to be used for any additional information