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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PENNLY, 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 Registered No. 552  
 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 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Henry Ervin Walser  
 (a) Residence: No. Route 1 Box 782 St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

6. If married, widowed, or divorced HUSBAND of Thelma O. Walser (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1902

7. AGE Years 30 Months 5 Days 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Colonia (state or country) Mexico

13. NAME Unknown

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

15. MAIDEN NAME Skousen

16. BIRTHPLACE (city or town) Unknown (State or country) \_\_\_\_\_

17. INFORMANT Thelma O. Walser (Address) Route 1 Box 782

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Cemetery Date 4/27, 1933

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

20. Filed 4-28, 1933 O. W. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1933, to Apr 24, 1933  
 I last saw him alive on Apr 24, 1933; death is said to have occurred on the date stated above, at 7:00a.

The principal cause of death and related causes of importance were as follows:  
Chronic pyelonephritis  
possibly a Coronary thrombosis causing immediate death

Date of Onset beginning

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? Yes

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) Edward H. Moore, M. D.  
 (Address) 1505 E. Myrtle