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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. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH **ARIZONA STATE BOARD OF HEALTH** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Marcopa State Arizona State File No. 667
 Township _____ or Village _____ Registered No. _____
 City Phoenix No. St. Joseph 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 14 yrs. mos. ds. How long in U. S. if of foreign birth? _____ yrs. mos. ds.

2. FULL NAME David Justin Merrill
 (a) Residence No. Missouri Ave St. _____ Ward _____ (If nonresident give city or town and State)
 (Usual place of abode)

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>married</u>		21. DATE OF DEATH (month, day, and year) <u>May 15, 1933</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Maicie Lee Merrill</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>May 14, 1933</u> 19 <u>33</u>	
6. DATE OF BIRTH (month, day, and year) <u>June 11, 1888</u>				I last saw <u>to</u> alive on <u>May 15</u> , 19 <u>33</u> . death is said to have occurred on the date stated above, at <u>4:15 p.m.</u>	
7. AGE Years <u>44</u> Months <u>11</u> Days <u>4</u>		If LESS than 1 day, _____ hrs. or _____ min.		The principal cause of death and related causes of importance were as follows: <u>Typhoid Fever</u>	Date of Onset <u>7 days</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ice-man</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance:	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>7 yrs</u>			
12. BIRTHPLACE (city or town) <u>St David, Arizona</u> (state or country)		13. NAME <u>Arren H. Merrill</u>		Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) <u>Big Cottonwoods, Utah</u> (State or country)		15. MAIDEN NAME <u>Effie J. Simball</u>		What test confirmed diagnosis? <u>Exam</u> Was there an autopsy? <u>no</u>	
16. BIRTHPLACE (city or town) <u>Salt Lake City, Utah</u> (State or country)		17. INFORMANT <u>Maicie Merrill</u> (Address) <u>Missouri Ave</u>		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.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa Cemetery</u> <u>May 18, 1933</u>		19. UNDERTAKER <u>Mortenson Mortuary</u> (Address) <u>1022 S Washington</u>		Manner of injury _____ Nature of injury _____	
20. Filed <u>5-17-33</u> , 19 <u>33</u> Registrar <u>[Signature]</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>		If so, specify _____ (Signed) <u>Frank J. Mulloy</u> , M. D. (Address) <u>15 S Madison</u>	