

120

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: Chandler or Village: _____
 City: Chandler No. _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2. FULL NAME: Vernon Cyrus Hulet How long in U. S. if of foreign birth _____ ds.
 (a) Residence: No. _____ How long in State when death occurred P. 1 yrs. 7 mos. _____ ds.
 (Usual place of abode) St. _____ Ward. _____ (If non-resident give city or town and State)

Registered No. 183

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
 4. COLOR OR RACE: White
 5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year): Nov. 2, 1931
 7. AGE: Years 1 Months 7 Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 2, 1933
 22. I HEREBY CERTIFY that I attended deceased from June 2, 1933 to June 2, 1933
 I last saw h. alive on June 2, 1933
 to have occurred on the date stated above, at 5:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Accidental drowning 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: drowning Date of injury June 2, 1933
 Where did injury occur? Canal at home
 (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury: Drowned
 Nature of injury: _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify: _____
 (Signed) Jas. M. Meason M. D.
 (Address) E. D.