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STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State ARIZONA
 Township _____ or Village _____
 City Phoenix No. 810 N 2nd St. (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 21 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Albert John Schwartz How long in State when death occurred? 21 yrs. _____ mos. _____ ds.
 (a) Residence: No. 810 N 2nd St St., _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 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) Aug 1, 1887

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
45 11 17

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

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) (state or country) St Louis Mo

MOTHER FATHER

13. NAME John Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Mrs Lyle Crane
 (Address) 959E Monroe Phoenix Ariz

18. BURIAL, CREMATION, OR REMOVAL
 Place Greenwood Date 7/20/1933

19. UNDERTAKER Grimshaw-Acton Mortuary
 (Address) _____

20. Filed 7-27-33 Osw Thorey
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to July 18, 1933
 I last saw him alive on July 18, 1933; death is said to have occurred on the date stated above, at 10.15 AM

The principal cause of death and related causes of importance were as follows:
Hemorrhage from laceration Date of Onset about July 17, 1933
Actual laceration of stomach
Due to Percussive Injuries Date of Onset about July 17, 1933

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical laboratory Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no 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? no

If so, specify _____
 (Signed) H. B. Guage M. D.
 (Address) Phoenix Ariz

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.