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BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

State File No. 1402

1. PLACE OF DEATH
 County Maricopa State ARIZONA Registered No. 1402
 Township _____ or Village _____
 City Phoenix No. 606 South Fifth Avenue 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. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred _____ mos. _____ ds.

2. FULL NAME Henry O. Lindley
 (a) Residence: No. 606 South Fifth Avenue St. _____ Ward _____
 (Usual place of abode) (If non-resident give _____ or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of Catherine Lindley (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) _____

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>91</u>	<u>5</u>	<u>26</u>	

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

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) Kentucky (state or country) _____

13. NAME Henry Lindley

14. BIRTHPLACE (city or town) Ky. (State or country) _____

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Catherine Lindley (Address) 606 So. 5th Ave., Phoenix, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Cemetery Date 11/18/33, 19____

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

20. Filed 11-20-33, 19____ Registrar Clayberry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from About 11-1-33 to 11-13-33, 1933
 I last saw him alive on 11-1-33, 1933; death is said to have occurred on the date stated above, at 5:15 P.m.
 The principal cause of death and related causes of importance were as follows: Senility Date of Onset 10-1-33

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify _____
 (Signed) J. E. Drumm M. D.
 (Address) _____

Exact state-should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ment of OCCUPATION is very important.