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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, 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 State File No. 116  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 13  
 City Phoenix No. W. Christy Rd. near 6 Points or \_\_\_\_\_  
(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 1 yrs. 6 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME MYRON T. CURTIS, How long in State when death occurred? 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. Phoenix, Ariz. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and State)

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>Single</u>			21. DATE OF DEATH (month, day, and year) <u>Jan. 4, 1934</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
6. DATE OF BIRTH (month, day, and year) <u>Nov. 26, 1878</u>					I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.	
7. AGE		Years <u>55</u>	Months <u>1</u>	Days <u>9</u>	The principal cause of death and related causes of importance were as follows: <u>No Doctor attendance acute alcoholism (Demerol)</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		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) <u>Flagstaff, Ariz.</u>					Other contributory causes of importance: _____	
13. NAME <u>Moses M. Curtis,</u>					Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) (State or country) <u>Illinois</u>					What test confirmed diagnosis? <u>physical</u> Was there an autopsy? <u>no</u>	
15. MAIDEN NAME <u>Josephine Mechan</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					Where did injury occur? _____ (Specify city or town, county and State)	
17. INFORMANT <u>Mrs F. E. Curtis,</u> (Address) <u>116 So. 10th Ave.</u>					Specify whether injury occurred in industry, in home, or in public place. _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Double Butte Cem.</u> Date <u>1- 8</u> , 19 <u>34</u>					Manner of injury _____ Nature of injury _____	
19. UNDERTAKER <u>Grimshaw-Acton Mortuary</u> (Address) <u>Phoenix</u>					24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
20. Filed <u>1-9-1934</u> @ <u>W. J. Sherry</u> Registrar					If so, specify _____ (Signed) _____ M. D. (Address) <u>Prof. R. D. Phoenix</u>	

20M 4-19-33 MS 48294 Form 3      Back of Certificate to be used for any Additional Information