2325

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

State File No. 5342

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No.

Township or Village

City Phoenix No. 1612 W Wash St. or 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 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. ds.

2. FULL NAME Ada E Brown How long in State when death occurred? 73d yrs. mos. ds.

(a) Residence: No. Phoenix St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C M Brown

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

7. AGE 73 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Mass

FATHER

13. NAME Mr Park

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

MOTHER

15. MAIDEN NAME Mrs Gould

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

17. INFORMANT (Address) Husband Phoenix

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Date 5/3/34, 19

19. UNDERTAKER (Address) Underwood

20. Filed 5-7-, 1934 Ora Thorney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4, 19

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to April 24, 1934

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Myocarditis

Date of Onset

Other contributory causes of importance: Old age

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

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?

If so, specify

(Signed) Harry J Fetch, M. D.

(Address) Phoenix Arizona

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information