2743

MARGIN RESERVED FOR BINDING

...TE 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. 138

Registered No. 546

1. PLACE OF DEATH

County Maricopa State ARIZONA

Township ..... or Village ..... or

City Phoenix No. ..... 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 14 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Hatcher How long in State when death occurred 14 yrs. --- mos. --- ds.

(a) Residence: No. 905 South 4th. Ave. St., ... Ward. .....

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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) March 15th. 1873

7. AGE: Years 61 | Months 1 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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) Uniontown, Alabama.

FATHER

13. NAME Henry Hatcher

14. BIRTHPLACE (city or town) (State or country) Unknown Alabama.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " Alabama.

17. INFORMANT (Address) Mrs. Janie Williams 905 S. 4th. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date May 14th 34

19. UNDERTAKER (Address) Reynolds Funeral Home 1137 E. Washington St.

20. Filed 5-12 1934 O. W. Tracy M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 6, 1934

I last saw him alive on May 1, 1934 death is said to have occurred on the date stated above, at 7:00 P.M.

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

	Date of Onset
Paralysis Marasmus	May 1
Cardiac Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information