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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. 194
 Township Seventh or Village _____ Registered No. _____
 City Phoenix No. Arizona State Hospital or _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. 10 ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME PHILLIPS, Addie How long in State when death occurred 40 yrs. _____ mos. _____ ds.
 (a) Residence: No. Casa Grande, Arizona St. _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widowed			21. DATE OF DEATH (month, day, and year) June 24, 1934	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934 to June 24, 1934 I last saw h...er alive on June 23, 1934 death is said to have occurred on the date stated above, at 1:25 a.m. The principal cause of death and related causes of importance were as follows:	
6. DATE OF BIRTH (month, day, and year) _____					Date of Onset	
7. AGE Years <u>76</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.					Cerebral hemorrhage. 24 hrs.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
	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) _____					Other contributory causes of importance:	
11. Total time (years) spent in this occupation _____					Cerebral arteriosclerosis. Unknown	
12. BIRTHPLACE (city or town) (state or country) Unknown					Name of operation _____ Date of _____	
MOTHER/FATHER	13. NAME _____				What test confirmed diagnosis? _____ Was there an autopsy? None	
	14. BIRTHPLACE (city or town) (State or country) _____				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)	
	15. MAIDEN NAME _____				Specify whether injury occurred in industry, in home, or in public place.	
	16. BIRTHPLACE (city or town) (State or country) _____				Manner of injury _____ Nature of injury _____	
17. INFORMANT Hospital Records (Address) Phoenix, Arizona					24. Was disease or injury in any way related to occupation of deceased No	
18. BURIAL, CREMATION, OR REMOVAL Removal Place to Casa Grande, Ariz. 6/24 1934					If so, specify _____ (Signed) <u>E. Berends</u> M. D. (Address) State Hospital, Phoenix	
19. UNDERTAKER Fisher Undertakers (Address) Casa Grande, Arizona						
20. Filed <u>6/24/</u> 19 <u>34</u> <u>Alvin McGary</u> Registrar						

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