

582

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. 1934  
 Township Phoenix or Village \_\_\_\_\_ Registered No. 742  
 City Phoenix No. 329 No. 20th Ave 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 foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Mr. Edward D. King How long in State when death occurred? 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. 329 No. 20th Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If apartment give apt. 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>Married</u>			21. DATE OF DEATH (month, day, and year) <u>July 4, 1934</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Katherine King</u> <u>1873</u>		6. DATE OF BIRTH (month, day, and year) <u>Jan. 31, 1873</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 10</u> 19 <u>24</u> , to <u>July 4</u> 19 <u>34</u> I last saw him alive on <u>July 4</u> 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>1:30p.m.</u>		
7. AGE <u>61</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows:	Date of Onset	
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. <u>Rail Road</u>			<u>Myocarditis with acute decompensation</u>		<u>?</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			Other contributory causes of importance: <u>Arteriosclerosis</u>		
12. BIRTHPLACE (city or town) (state or country) <u>Missouri</u>		13. NAME <u>Unknown</u>			Name of operation _____ Date of _____		
14. BIRTHPLACE (city or town) (State or country) <u>No Record</u>		15. MAIDEN NAME <u>Mary Day</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____		
16. BIRTHPLACE (city or town) (State or country) <u>No Record</u>		17. INFORMANT <u>Katherine King</u> (Address) <u>329 No 20th Ave.</u>			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.		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood</u> Date <u>7/6/34</u> 19____		19. UNDERTAKER <u>A. L. Moore &amp; Sons</u> (Address) <u>Phoenix, Arizona</u>			Manner of injury _____ Nature of injury _____		
20. Filed <u>7-13-</u> 19 <u>34</u> <u>W. H. Shum</u> Registrar		24. Was disease or injury in any way related to occupation of deceased? _____			If so, specify _____ (Signed) <u>Wm. Kilgus</u> M. D. (Address) <u>1120 East Bell</u>		

10M-3-21-33 MS-50301—FORM 3 Back of Certificate to be used for any Additional Information Phoenix, Ariz