1225

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. 232

Registered No. 987

1. PLACE OF DEATH

County Maricopa State ARIZONA

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

City Phoenix No. St. Josephs Hospital or

(If death occurred in a hospital or institution, give its NAME instead of street and number) St. ..... Ward

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME RICHARD MORRELL, How long in State when death occurred? 6 yrs. ..... mos. ..... ds.

(a) Residence: No. 628 W. Hadley St., St., ... Ward. .....

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

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Mexican

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

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

6. DATE OF BIRTH (month, day, and year) Mar. 4th 1928

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	5	27	

OCCUPATION

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

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) Phoenix, Ariz.

FATHER

13. NAME George Morrell,

14. BIRTHPLACE (city or town) (State or country) Phoenix, Ariz.

MOTHER

15. MAIDEN NAME Aurelia Lopez,

16. BIRTHPLACE (city or town) (State or country) Phoenix, Ariz.

17. INFORMANT (Address) Aurelia Morrell, 628 W. Hadley St. Phoenix.

18 BURIAL, CREMATION, OR REMOVAL

Place St. Francis Cem. Date 9/1 1934

19. UNDERTAKER (Address) Grimshaw-Acton Mortuary, Phoenix, Ariz.

20. Filed 9-8, 1934 O. H. Thoeny, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of Onset
Pneumonia	Feb
Empyema	2 mo

Other contributory causes of importance:

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

What test confirmed diagnosis? Clin 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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 16 Encanto

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information