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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 240

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH

COUNTY Maricopa STATE ARIZONA REGISTERED NO. 1421

TOWNSHIP _____ OR VILLAGE _____
CITY Phoenix NO. 31 South 1st St. WARD _____

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 45 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Earnest Albert Panknin HOW LONG IN STATE WHEN DEATH OCCURRED 45 YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. 31 South 1st Ave. ST., _____ WARD. _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY 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>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 21, 1934</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec 10, 1934</u> TO <u>Dec 21, 1934</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1855</u>				I LAST SAW HIM ALIVE ON <u>Dec 20, 1934</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7:30 AM</u>	
7. AGE YEARS MONTHS DAYS <u>79 years</u>		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Myocarditis</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Night Watchman</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		DATE OF ONSET _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Charlestown South Carolina</u>					
13. NAME <u>U</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>n k</u>					
15. MAIDEN NAME <u>n</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>o w n</u>					
17. INFORMANT <u>W.L. Van Doren</u> (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Dec. 24, 1934</u>					
19. EMBALMER (LICENSE NO. <u>1008-A</u>) SIGNATURE _____ FUNERAL DIRECTOR <u>A.L. Moore & Sons</u> ADDRESS <u>Phoenix, Arizona</u>					
20. FILED <u>12-26-34</u> <u>W. J. Sherry</u> REGISTRAR					
				NAME OF OPERATION _____ DATE OF _____	
				WHAT TEST CONFIRMED DIAGNOSIS? _____ 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) <u>W. J. Sherry</u> M. D. (ADDRESS) <u>1811 Woodruff Bldg</u>	