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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. 192

1. PLACE OF DEATH
STANDARD CERTIFICATE OF DEATH
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 5
TOWNSHIP _____ OR VILLAGE _____
CITY Glendale NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Wm Thompson HOW LONG IN STATE WHEN DEATH OCCURRED 35 YRS. _____ MOS. _____ DS.
(A) RESIDENCE: NO. 19 Glendale 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1899
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 37 87 9 29
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer
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) March 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION Unknown
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Atatona
13. NAME William Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Not known
15. MAIDEN NAME Viola Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Not known
17. INFORMANT (ADDRESS) George Thompson
18. BURIAL, CREMATION, OR REMOVAL PLACE Mesa Cem. DATE Jan 1935
19. EMBALMER (LICENSE NO. 2147) SIGNATURE G. D. Merchant
FUNERAL DIRECTOR S. Brazill
ADDRESS Glendale, Arizona
20. FILED 1-10-35 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1935
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Jan 6-1935 TO Jan 8-1935
LAST SAW HIM ALIVE ON Jan 8-1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:30 A.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Cerebral hemorrhage DATE OF ONSET 1-8-35
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Semility
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) Wm Pearson M. D.
(ADDRESS) Glendale