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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** STATE FILE NO. 136
BUREAU OF VITAL STATISTICS REGISTERED NO. 153

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA
TOWNSHIP Phoenix OR VILLAGE U. S. Transient Camp
CITY Phoenix NO. U. S. Transient Camp ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 7 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.

2. FULL NAME Sam Allen Bickley
(A) RESIDENCE: NO. U. S. Transient Camp 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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1858

7. AGE YEARS 76 MONTHS 7 DAYS 23 IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

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) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTY)

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY)

17. INFORMANT Miss Goff
(ADDRESS) U. S. Transient Camp

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 2-8, 1935

19. EMBALMER { LICENSE NO. _____ SIGNATURE Hal Grimeshaw FUNERAL DIRECTOR Grimeshaw-Acton Mortuary ADDRESS _____

20. FILED 2-9, 1935 O. W. Thoeny REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 1-21-35, 1935, TO 2-2-35, 1935.
I LAST SAW HIM ALIVE ON 2-2-35, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10 30 A. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Coronary Decompensation DATE OF ONSET _____

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Pneumonia Oklahoma

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 _____ M. D.
(SIGNED) A. G. Harris
(ADDRESS) Phoenix Transient Camp

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION