4990

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. 179

STATE ARIZONA REGISTERED NO. 319

1. PLACE OF DEATH

COUNTY Maricopa OR VILLAGE

TOWNSHIP NO. 907 W Washington St. ST., WARD

CITY Phoenix (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 YRS. 5 MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.

HOW LONG IN STATE WHEN DEATH OCCURRED? 9 YRS. MOS. DS.

2. FULL NAME Hampton L. Hofawger

(A) RESIDENCE: NO. 907 W. Washington ST., WARD (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Hofawger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1870

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
64	4	12	

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Retired

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 COUNTY) Virginia.

FATHER

13. NAME Geo. Hofawger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Virginia.

MOTHER

15. MAIDEN NAME Martha Wills.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Virginia.

17. INFORMANT Mrs Anna Hofawger

(ADDRESS) 907 W. Washington

18. BURIAL, CREMATION OR REMOVAL Burial

PLACE Greenwood DATE 3-12-, 1935

19. EMBALMER LICENSE NO. 213

SIGNATURE Mike Morris

FUNERAL DIRECTOR Grimshaw-Acton

ADDRESS Phoenix, Arizona

20. FILED 3-18, 1935 D. W. Phoenix REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-35, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 3-10-35, 19, TO 3-11-, 1935; I LAST SAW HIM ALIVE ON 3-10, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2-PM M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

	DATE OF ONSET
Pulmonary TB.	2

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Amyloid Disease

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? No

IF SO, SPECIFY

(SIGNED) J. M. Kuhrand, M. D.

(ADDRESS) 1132 Grand Ave.

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—10-6-34—REP-GAZ PRINTERY— FORM 3