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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. _____

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 COUNTY ~~XXKingmanXX~~ Mohave STATE ARIZONA REGISTERED NO. 36
 TOWNSHIP Kingman OR VILLAGE _____ OR _____
 CITY Kingman, Mohave Gen Hospital 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 30 YRS. MOS. DS. HOW LONG IN STATE IF DEATH OCCURRED 40 YRS. MOS. DS.

2. FULL NAME Francis Marion Van Marter HOW LONG IN STATE IF DEATH OCCURRED 40 YRS. MOS. DS.

(A) RESIDENCE: NO. Kingman Ariz. ST. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE Cauc	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widowed			21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1935	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM April 19, 1935, TO April 26, 1935	DATE OF ONSET 4/19/35	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 1857					I LAST SAW HIM ALIVE ON April 25, 1935, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00 A. M.	
7. AGE YEARS 77	MONTHS 5	DAYS 13	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Acute Nephritis	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Retired Mechanical				DATE OF ONSET 4/19/35	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Engineer				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Thrombo-arteriosclerosis	
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) Nevada City California						
FATHER	13. NAME George Van Marter				NAME OF OPERATION _____ DATE OF _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Pennsylvania				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
MOTHER	15. MAIDEN NAME Heles Murphy				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Missouri				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
17. INFORMANT C.R. Van Marter (ADDRESS) _____						
18. BURIAL XXXXXXXXXXXXXXXXXX PLACE Kingman Ariz. DATE April 28, 1935						
19. EMBALMER (LICENSE NO. 139) SIGNATURE _____ FUNERAL DIRECTOR _____ ADDRESS Kingman Arizona						
20. FILED April 27, 1935 REGISTRAR _____						