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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

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1. PLACE OF DEATH
 COUNTY ~~XXXXXX~~ Maricopa STATE ARIZONA
 TOWNSHIP _____ OR VILLAGE _____ REGISTERED NO. 58
 CITY ~~XXXXXX~~ Glendale NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME, INSTEAD OF STREET AND NUMBER)

2. FULL NAME Harry G. White
 (A) RESIDENCE: NO. 152 N. 4th Ave. ST. _____ WARD _____
(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Katherine I White
(OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>64</u>	<u>8</u>	<u>29</u>	

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

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) Mass

13. NAME Joseph White

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

15. MAIDEN NAME unknown

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

17. INFORMANT Katherine I White
 (ADDRESS) 152 N. 4th ave. Glendale

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cent. DATE May 15, 1935

19. EMBALMER LICENSE NO. 146-9
 FUNERAL DIRECTOR SIGNATURE Tom King
John Moore
 ADDRESS Shannon Ave

20. FILED May 14, 1935 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM April 28, 1935 TO April 28, 1935, 1935
 I LAST SAW HIM ALIVE ON April 28, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5 a. M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
Ascending Paralysis ?
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? Phys. 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) Tom King M. D.
 (ADDRESS) Glendale, Arizona