787

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. 193

1. PLACE OF DEATH

COUNTY Maricopa STATE ARIZONA REGISTERED NO. 730

TOWNSHIP OR VILLAGE OR

CITY Phoenix NO. Good Samaritan 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 49 YRS. 7 MOS. 18 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH ___ YRS. ___ MOS. ___ DS.

HOW LONG IN STATE WHEN DEATH OCCURRED 49 YRS. 7 MOS. 18 DS.

2. FULL NAME Guy Alsap

(A) RESIDENCE: NO. 721 W. Lynwood 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~~ Cally Alsap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct.26,1885

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, ___ HRS. OR ___ MIN.
49	7	18	

OCCUPATION

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Donofrio Conf.Co.

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) Phoenix Arizona

FATHER

13. NAME John T. Alsap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Frankford, Kentucky

MOTHER

15. MAIDEN NAME Anna D. Murry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown Texas

17. INFORMANT (ADDRESS) John W. Alsap (Brother) 202 W. Roosevelt Street

18. ~~BURIAL~~ CREMATION, ~~OR REMOVAL~~ Cremation

PLACE Greenwood Cemetery DATE June 15, 1935

19. EMBALMER { LICENSE NO. 26 SIGNATURE J. T. Whitney

FUNERAL DIRECTOR J. T. Whitney

ADDRESS Phoenix, Arizona

20. FILED 6/17, 1935 O. W. Thorney M.D. REGISTRAR OF

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 6/12/35, 19__, TO 6/13/35, 19__

I LAST SAW HIM ALIVE ON 6/13, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:30-P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	DATE OF ONSET
Cerebral hemorrhage	6/12/35

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Hypertension, arterial 10 yrs -

NAME OF OPERATION O. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMOCIDE? ___ 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) Kimball Bauwester M.D.

(ADDRESS) Phoenix Arizona

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—11-22-34—REP-GAZ PRINTERY—FORM 3