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STANDARD CERTIFICATE OF DEATH Arizona State Board of Health BUREAU OF VITAL STATISTICS STATE FILE NO. 165 868 REGISTERED NO. 855

1. PLACE OF DEATH COUNTY Maricopa STATE ARIZONA TOWNSHIP _____ OR VILLAGE _____ CITY Phoenix NO. 901 No. 4th St. ST. _____ WARD _____

2. FULL NAME William Brett Morrell HOW LONG IN U. S. IF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS. HOW LONG IN STATE WHEN DEATH OCCURRED: _____ YRS. _____ MOS. _____ DS.

(A) RESIDENCE: NO. 901 No. 4th St. ST. _____ WARD _____ (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie A. Morrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1875

7. AGE 59 YEARS 7 MONTHS 18 DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

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) Phoenix, Arizona

FATHER 13. NAME Wm. Morrell

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

MOTHER 15. MAIDEN NAME Edna A. Teel

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

17. INFORMANT Marie A. Morrell (ADDRESS) 901 No. 4th St., Phoenix

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Greenwood Cemetery DATE 7-15-35, 1935

19. EMBALMER LICENSE NO. 196-A SIGNATURE [Signature] FUNERAL DIRECTOR A. L. Moore & Sons ADDRESS Phoenix, Arizona

20. FILED 7/29, 1935 O. W. Phoenix, Ill. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1935

I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 17, 1935 TO July 12, 1935

I LAST SAW him ALIVE ON July 12, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:00 P. M.

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

Central Nervous System July 12
Hypertension 4 years
Myocardial Infarction 4 years
Diabetes 1

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Cardiovascular, Renal disease 6 years

NAME OF OPERATION no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Chemical test WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? no DATE OF INJURY _____

WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE no

MANNER OF INJURY no

NATURE OF INJURY no

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no

IF SO, SPECIFY _____

(SIGNED) [Signature] M. D. (ADDRESS) _____

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.