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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 BUREAU OF VITAL STATISTICS STATE FILE NO. 257 REGISTERED NO. 1483

1. PLACE OF DEATH
 COUNTY Maricopa STATE ARIZONA
 TOWNSHIP _____ OR VILLAGE _____
 CITY Phoenix NO. 1107 Mongolia Street 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 8 YRS. — MOS. — DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. — MOS. — DS.
 2. FULL NAME Lucky Singleton HOW LONG IN STATE WHEN DEATH OCCURRED? 8 YRS. — MOS. — DS.
 (A) RESIDENCE: NO. 1107 Mongolia ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS
 3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25th 1914
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, — HRS. OR — MIN. 15 11 26
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. none
 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) Eufaula, Oklahoma
 13. NAME Major Singleton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Marshall, Texas
 15. MAIDEN NAME Emily Russel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Marshall, Texas
 17. INFORMANT Major Singleton (ADDRESS) 1107 Mongolia Street
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maricopa Cemetery DATE 12/24/35
 19. EMBALMER { LICENSE NO. 1901 H SIGNATURE Leland D Ward FUNERAL DIRECTOR East Lake Mortuary ADDRESS 1641 East Jeff Street
 20. FILED Dec 30, 1935 REGISTRAR Keri F. Osborn

MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1935
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec 16, 1935, TO Dec 21, 1935. I LAST SAW HIM ALIVE ON Dec 21, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:00 A.M.
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Acute Influenza Pneumonia DATE OF ONSET _____
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____
 NAME OF OPERATION _____ DATE OF _____
 WHAT TEST CONFIRMED DIAGNOSIS? none 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 _____ 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) L. H. Thompson M. D. (ADDRESS) 1701 S. Phoenix Ave