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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

STATE FILE NO. 288

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 COUNTY Maricopa STATE ARIZONA REGISTERED NO. 1480  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
 CITY Phoenix NO. 1347 N. Taylor 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 \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. 21 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME William Jasper De Armand HOW LONG IN STATE WHEN DEATH OCCURRED 33 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

(A) RESIDENCE: NO. 1347 N. Taylor ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)  
 (USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u> *****	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1935</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 19____ TO _____ 19____	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samantha De Armand</u>			I LAST SAW H. _____ ALIVE ON _____ 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:30 P. M.</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Cardio-renal syndrome &amp; generalized pneumonia</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14, 1872</u>			7. AGE YEARS MONTHS DAYS <u>63 10 9</u>		DATE OF ONSET _____	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>			9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
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) <u>Unknown Mo.</u>			13. NAME <u>Elisha De Armand</u>		NAME OF OPERATION _____ DATE OF _____	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>			15. MAIDEN NAME <u>Fannie Frazer</u>		WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>			17. INFORMANT (ADDRESS) <u>Samantha De Armand 1347 N. Taylor</u>		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Skull Valley Ariz.</u> DATE <u>Dec. 27, 1935</u>			19. EMBALMER (LICENSE NO. SIGNATURE) <u>Sam Healey</u>		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
20. FILED <u>Dec 27, 1935</u> <u>Neri F. Osborn</u> REGISTRAR			FUNERAL DIRECTOR (ADDRESS) <u>A. L. Moore &amp; Sons 222 N. Adams St. Phoenix, Ariz.</u>		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) <u>Wm. J. Osborn</u> M. D. (ADDRESS) _____	

BACK OF CERTIFICATE TO BE USED FOR ADDITIONAL INFORMATION