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Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 3

1. PLACE OF DEATH — STATE ARIZONA — REGISTERED NO. 3

COUNTY Maricopa — OR VILLAGE — OR

TOWNSHIP — NO. 3898 - Harding Ave — WARD

CITY Phoenix — (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. — DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? — YRS. — MOS. — DS. HOW LONG IN STATE WHEN DEATH OCCURRED? — YRS. — MOS. — DS.

2. FULL NAME Baby Combs

(A) RESIDENCE: NO. — ST. — WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tyler Combs + [illegible]

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

7. AGE — YEARS — MONTHS — DAYS — IF LESS THAN 1 DAY, — HRS. OR — MIN.

Stillborn

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. None

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) Arizona

FATHER

13. NAME Tyler Combs

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

MOTHER

15. MAIDEN NAME Miss Asby

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

17. INFORMANT Family

(ADDRESS) Army

18. BURIAL, CREMATION, OR REMOVAL — PLACE Rapford — DATE 1/2/36 19

19. EMBALMER — LICENSE NO. 10 — SIGNATURE [illegible]

FUNERAL DIRECTOR [illegible]

ADDRESS

20. FILED Jan 4, 1936 — Neil T. Osborn — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-36

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ____, 19__, TO ____, 19__; DEATH IS SAID

I LAST SAW H____ ALIVE ON ____, 19__; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:30 A.M.

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

	DATE OF ONSET
Prematurity	
Stillbirth	

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION — DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? — WAS THERE AN AUTOPSY?

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?

IF SO, SPECIFY

(SIGNED) Benj Herzberg — M. D.

(ADDRESS) 906 Pro Bldg

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—11-22-34—REP-GAZ PRINTERY—FORM 3

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.