

4993

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. 270

1. PLACE OF DEATH  
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 240  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Phoenix NO 69 West Watkins Road ST. \_\_\_\_\_ OR 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 24 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN STATE OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Josiah Huie Orsborn HOW LONG IN STATE WHEN DEATH OCCURRED? 24 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO 69 West Watkins Road ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Srilda Orsborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>76</u>	<u>4</u>	<u>20</u>	

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.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Alexander (STATE OR COUNTY) Louisiana

FATHER

13. NAME John Orsborn

14. BIRTHPLACE (CITY OR TOWN) West Virginia (STATE OR COUNTY)

MOTHER

15. MAIDEN NAME Huie

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

17. INFORMANT Huie Orsborn (ADDRESS) 69 W. Watkins Rd., Phoenix

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cemetery 2-22-36

19. EMBALMER } LICENSE NO. 118 FUNERAL DIRECTOR } SIGNATURE \_\_\_\_\_ Grimshaw-Acton Mortuary ADDRESS 334 W. Monroe St., Phoenix

20. FILED Feb 27, 1936 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-36, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 1936, TO \_\_\_\_\_, 1936

I LAST SAW H. alive ON 2/17, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:30 a M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS  
apoplexy resulting from senility DATE OF ONSET 2/17/36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Age Pre state variable

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Chemical 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 \_\_\_\_\_, 1936  
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) Harvey J. Dech M. D.  
(ADDRESS) \_\_\_\_\_

10M-7-24-35-REP-GAZ PRINTERY-FORM 3

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION