

2524

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

STANDARD CERTIFICATE OF DEATH 181  
STATE FILE NO. 358

1. PLACE OF DEATH  
COUNTY Maricopa STATE ARIZONA REGISTERED NO. 15710  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR  
CITY Phoenix No. St. Joseph 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 4 YRS. 4 MOS. 0 DS. HO. LONG IN U. S. IF FOREIGN BIRTH: 4 YRS. 0 MOS. 0 DS.  
2. FULL NAME ANDREW JACKSON LEONARD HO. LONG IN STATE WHERE DEATH OCCURRED 4 YRS. 0 MOS. 0 DS.  
(A) RESIDENCE: NO. Avondale Ariz. ST. \_\_\_\_\_ WARD \_\_\_\_\_ NON-RESIDENT 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mandie Leonard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>47</u>	<u>7</u>	<u>2</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) (STATE OR COUNTY) Unknown Mo.

FATHER  
13. NAME Dave Leonard  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

MOTHER  
15. MAIDEN NAME Rogers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT Mandie Leonard (ADDRESS) Avondale

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Lawn DATE March 13 1936

19. EMBALMER { LICENSE NO. 136 SIGNATURE A. Lee Moore FUNERAL DIRECTOR A. L. Moore & Sons ADDRESS Phoenix, Ariz.

20. FILED March 19 1936 REGISTRAR Ken F. Osborn

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1936

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 3/9 TO 3/10 1936  
I LAST SAW HIM ALIVE ON 3/10 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 12:10 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Cellulitis neck (Eudwigo Anginae) 1 week

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Arterio Sclerosis, Coronary Heart Disease

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? Yes

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ 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) Lawrence A. Ross, M. D. (ADDRESS) Phoenix, Ariz.

BACK OF CERTIFICATE TO BE COMPLETED BY PHYSICIAN