2656

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. 310

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH — STATE ARIZONA — REGISTERED NO. 422

COUNTY Maricopa — OR VILLAGE — OR

TOWNSHIP — ST. — WARD

CITY Phoenix — NO. — (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? 8 YRS. MOS. DS

2. FULL NAME Roy Goffe Ryan — HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS

(A) RESIDENCE: NO. 4055 N. 18th St. ST. — WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) (USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Ryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1883

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
52	10	24	

OCCUPATION

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) Pa.

FATHER

13. NAME ------- Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Not known

MOTHER

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Mrs. Lucy Ryan 4055 N. 18th St.

18. BURIAL, CREMATION, OR REMOVAL — PLACE — DATE — 19

19. EMBALMER { LICENSE NO. 157 / SIGNATURE A H McLellan

FUNERAL DIRECTOR A. H. McLellan

ADDRESS 617 N. Central

20. FILED April 2 1936 Neri F. Osborn REGISTRAR By M.X.O. (NLM)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26/36, 19

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ____, 19__, TO Investigated 19__

I LAST SAW H____ ALIVE ON ____, 19__; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:00 A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	DATE OF ONSET
Myocarditis Chr	1 yr
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 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) Norman Adams M.D.

(ADDRESS) Phoenix Ariz

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—7-24-35—REP-GAZ PRINTERY—FORM 3