

4420

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. 932

1. PLACE OF DEATH
 COUNTY Maricopa STATE ARIZONA REGISTERED NO. 42
 TOWNSHIP Seventh OR VILLAGE _____
 CITY Phoenix NO. Arizona State Hosp ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Amie Bell Lorentz (A) RESIDENCE: NO. _____ ST. _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) RD. 316 N. 3rd Ave. Phoenix

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>divorced</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>6-16-36</u> , 19__	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>12-4-1936</u> , 19__, <u>6-16-36</u> , 19__ I LAST SAW HER ALIVE ON <u>6-16-36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4:55 A.</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>strangulation</u> <u>5-16-36</u> OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-23-1891</u>	7. AGE YEARS MONTHS DAYS <u>43</u> <u>2</u> <u>23</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE <u>suicide</u> OF INJURY WHERE DID INJURY OCCUR? <u>Phoenix, Maricopa Ariz</u> <small>(SPECIFY CITY OR TOWN, COUNTY AND STATE)</small> SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>Arizona State Hospital</u> MANNER OF INJURY <u>hanging</u> NATURE OF INJURY _____	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. 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) <u>Texas</u>	24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY _____ (SIGNED) _____ M. D. <small>(ADDRESS)</small> <u>Arizona State Hosp</u>	
13. NAME <u>unknown</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____		17. INFORMANT <u>Records Arizona State Hosp</u> <small>(ADDRESS)</small> <u>Phoenix Ariz</u>	
15. MAIDEN NAME <u>unknown</u>		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem</u> DATE <u>6-17-36</u> <u>burial</u>	
19. EMBALMER (LICENSE NO. <u>136</u>) SIGNATURE <u>A Lee Moore</u> FUNERAL DIRECTOR <u>A. L. Moore & Son</u> ADDRESS <u>Phoenix Arizona</u>		20. FILED <u>6-16-36</u> REGISTRAR <u>Holtzschuler</u>			