2096

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. 264

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH — STATE ARIZONA — REGISTERED NO. 1037

COUNTY Maricopa — OR VILLAGE — OR

TOWNSHIP Phoenix — NO. 136 N. 6th — ST. — WARD

CITY — (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD [illegible] AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 5 YRS. 5 MOS. 7 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? — YRS. — MOS. — DS. HOW LONG IN STATE WHEN DEATH OCCURRED? 34 YRS. — MOS. — DS.

2. FULL NAME Stephen Thompson — ST. — WARD. — (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

(A) RESIDENCE: NO. — (USUAL PLACE OF ABODE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gladys Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28-1874

7. AGE — YEARS 62 | MONTHS 5 | DAYS 24 | IF LESS THAN 1 DAY, — HRS. OR — MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Laborer

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) Mississippi

FATHER

13. NAME Eliza Wm Thompson

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

MOTHER

15. MAIDEN NAME Ellen Viola Ward

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

17. INFORMANT (ADDRESS) Josie Thompson 1140 S. 10th

18. BURIAL, CREMATION, OR REMOVAL — PLACE Mesa Cemetery — DATE 7/24, 1936

19. EMBALMER — LICENSE NO. 2 — SIGNATURE H. M. Maus

FUNERAL DIRECTOR Same

ADDRESS 830 N. 1st Ave.

20. FILED 7/28, 1936 — Neil F. Osborn, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Investigated, 19—

I LAST SAW H— ALIVE ON —, 19—; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10:55 A. M.

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

	DATE OF ONSET
[illegible]	about 4 or 5 yrs
Adv	

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION — DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Exa — 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 Forman Adm M. D.

(SIGNED) [illegible]

(ADDRESS) [illegible]

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

10M—11-22-34—REP-GAZ PRINTERY—FORM 3