

2097

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. **265**
REGISTERED NO. **1038**

1. PLACE OF DEATH
COUNTY Maricopa STATE ARIZONA
TOWNSHIP Phoenix OR VILLAGE _____
CITY Phoenix NO. 1604 E. Washington ST. _____ OR _____ WARD _____

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME William Woodson (Trade) YRS. 3 MOS. 0 DS. 0 HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____ WARD _____ (IF NON-RESIDENT GIVE 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) ?

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS 56 MONTHS _____ DAYS _____ IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN. _____

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

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) Texas

13. NAME C. A. Trade

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

15. MAIDEN NAME _____

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

17. INFORMANT Walter C. Charles (ADDRESS) Phoenix, Ariz.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 7/23, 1936

19. EMBALMER LICENSE NO. 2 SIGNATURE H. M. Maus
FUNERAL DIRECTOR Same ADDRESS 530 N. 1st Ave.

20. FILED 7/28/36 REGISTRAR Miss F. Olson

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY THAT I ATTENDED DECEASED FROM July 1st, 1936 TO July 22, 1936
I LAST SAW HIM LIVE ON July 22, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:10 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Cardiac Decompensation Infectious Etiology

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) Henry W. [Signature] M. D.
_____ (ADDRESS) [Address]

10M-11-22-34-REP-GAZ PRINTERY—FORM 3
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION