700

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

227

State File No. _____

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. 1349

Township _____ or Village _____ or

City Phoenix No. 1010 W. Roosevelt St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Andrew Elmer Davis How long in State when death occurred? 5 yrs. ___ mos. ___ ds.

(a) Residence: No. 1010 W. Roosevelt St., _____ Ward, _____

(Usual place of abode) (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) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fern Davis

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1893

7. AGE Years 42 Months 11 Days 28 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

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. Gas Station Prop.

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 Country) Redwood Falls, Minnesota

FATHER

13. NAME George Davis,

14. BIRTHPLACE (city or town) (State or Country) Unknown

MOTHER

15. MAIDEN NAME Ellen Meyers

16. BIRTHPLACE (city or town) (State or Country) Unknown

17. INFORMANT (Address) Fern Davis, 1010 W. Roosevelt, Phx. Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Greenwood Date 10-24-36 19

19. EMBALMER License No. 225 Signature J. Hausner

FUNERAL DIRECTOR A. L. Moore & Sons,

Address Phoenix, Arizona.

20. Filed 10-22, 1936 Neri F. Osborn B. W. S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933 to Oct 20, 1936

I last saw his alive on Oct 20, 1936 death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pulmonary T. B.	
Asthenia	
T. B. Laryngitis	1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? TB Was there an autopsy? no

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? no

If so, specify _____

(Signed) Alonzo A. Branning M. D.

(Address) Phoenix Arizona

10M—6-12-36—MS—Form 3—100% RAG Back of Certificate to be used for any Additional Information