

1863

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** STATE FILE NO. **318**  
 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
 COUNTY Maricopa STATE ARIZONA REGISTERED NO. 1660  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
 CITY Phoenix NO. 43 Palm Lane WARD \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
 IN CITY OR TOWN WHERE DEATH OCCURRED 3 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH \_\_\_\_\_ YRS. 0 MOS. 0 DS.  
 2. FULL NAME Philemon C. Merrill HOW LONG IN STATE WHEN DEATH OCCURRED 5 YRS. 0 MOS. 0 DS.  
 (A) RESIDENCE: NO. 43 West Palm Lane ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 22, 1936</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Pearl G. Weech Merrill</u> (OR) WIFE OF _____					22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Dec. 22, 1936</u> TO _____, 19____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16, 1870</u>					I LAST SAW HIM ALIVE ON <u>Dec 1, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>7: A.</u> M.		
7. AGE	YEARS <u>66</u>	MONTHS <u>0</u>	DAYS <u>6</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS <u>Acute Cardiac Failure Dec 22, 1936</u>		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>U.S. Collector</u>					DATE OF ONSET <u>Dec 22, 1936</u>	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>of Internal Revenue</u>						
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>Paris, Idaho</u>					OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____		
FATHER	13. NAME <u>Philemon C. Merrill</u>					NAME OF OPERATION <u>none</u> DATE OF _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____					WHAT TEST CONFIRMED DIAGNOSIS? <u>none</u> WAS THERE AN AUTOPSY? <u>no</u>	
MOTHER	15. MAIDEN NAME <u>Lucinda Brown</u>					23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ohio</u>					WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
17. INFORMANT (ADDRESS) <u>Mrs. Phil C. Merrill</u> <u>43 West Palm Lane</u>					SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pima, Arizona</u> DATE <u>12/23, 1936</u>					MANNER OF INJURY _____		
19. EMBALMER LICENSE NO. <u>725</u> SIGNATURE <u>J. Homanes</u> FUNERAL DIRECTOR <u>MORTENSEN MORTUARY</u> ADDRESS <u>1020 West Washington</u>					NATURE OF INJURY _____		
20. FILED <u>12-23, 1936</u> <u>Chas. F. Nelson</u> REGISTRAR					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>		
					IF SO, SPECIFY _____ (SIGNED) <u>R. S. Spurr</u> M. D. (ADDRESS) <u>307 Laura Reef</u>		