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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

361

1. PLACE OF DEATH
County Maricopa State ARIZONA State File No. Registered No. 357
Township or Village
City Phoenix No. 11th St. and Tonto 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Bruce Ekiss How long in State where death occurred? yrs. mos. ds.
(a) Residence: No. 11th St. and Tonto 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) Baby
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept. 4, 1936
7. AGE Years 5 Months 5 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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 Country) Phoenix Arizona

FATHER
13. NAME James Franklin Ekiss
14. BIRTHPLACE (city or town) (State or Country) Clyde Kansas

MOTHER
15. MAIDEN NAME Bertha Ann Bruce
16. BIRTHPLACE (city or town) (State or Country) Ray Arizona

17. INFORMANT (Address) James F. Ekiss 11th and Tonto
18. BURIAL, CREMATION, OR REMOVAL Burial
Place Greenwood Date Feb. 16 1937
19. EMBALMER License No. 147 Signature Thos E. Walters
FUNERAL DIRECTOR Grimshaw-Acton Mortuary
Address 334 West Monroe
20. Filed 2-17 1937 Neri F. Osborn B. W. S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Investigated 19
I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at 5:00A m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Suffocation	1
Upper respiratory infection	

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? Acc Date of injury Feb 15 1937
Where did injury occur? 11th St Tonto Phy Ariz
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury suffocation
Nature of injury in bed cloathing
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Norman Akers M. D.
(Address) Phoenix Ariz Co Phys

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